

# BULLETIN

## OF THE

# MISSOURI STATE BOARD OF HEALTH

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A. W. McALESTER, M. D., Pres. - Columbia, Mo. D. T. POWELL, M. D., Vice-Prest - Thayer, Mo. ROBERT H. GOODIER, M. D., - Hannibal, Mo.	M. M. HAMLIN, M. D., - - - St. Louis, Mo. J. T. THATCHER, M. D., - - - Oregon, Mo. J. A. B. ADCOCK, M. D., - - - Warrensburg, Mo. W. F. MORROW, M. D., Secretary, Kansas City, Mo.
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**VOL. III.**

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**NO. 1**

### TO THE MEDICAL PROFESSION OF THE STATE OF MISSOURI.

I desire through the medium of the Bulletin of the Missouri State Board of Health to submit to your consideration, by publication, a bill, purely a board of health bill, which has required a great deal of study and effort on the part of the state board of health to draft said bill and to be submitted to the Legislature.

This has no reference whatever to the licensing power of the board but is confined exclusively to board of health requirements, viz.: In the protection of the citizens of our state from epidemics, endemics or contagious and infectious diseases. Now, at a glance, this bill may seem lengthy, but if you will carefully read and observe the different sections, you will find that they could not be shortened and carry with them the same results. It is a short bill compared with those of many states, therefore we feel as your representatives upon the board of health of the state that after an opportunity of nearly four years of careful study, looking well into the needs of the people of our state, that we are offering a bill which will, perhaps, be second to none in its merits with any state in the union.

Of course the members of the Legislature are importuned from many sources to pass medical bills and board of health bills, but the law makes it the duty of the board of health of the state to carefully



study the situation so they can intelligently present these matters to the General Assembly. As I stated before, this bill has no reference whatever to licensing physicians or examinations, so we feel that there could not be any reasonable grounds for a physician to take issue with these measures because it is calculated to place in the hands of the coming board to be appointed by the Governor, the power to protect the health and lives of the citizens of this state, and if the physicians of this state could know of the many difficulties that the present state board of health have had to encounter on account of the incomplete, inefficient laws governing the protection of the people of our state, they would certainly rise up as a noble profession should, and bring to bear all of their influence on the General Assembly to pass this bill in toto without any amendments whatsoever.

We now request each and every recipient of this communication to at once communicate with his representative urging him to favor the bill prepared, adopted and recommended by the state board of health at its annual meeting in January.

Trusting that every physician will feel the keen, personal responsibility of this measure and gladly comply with our request, we respectfully submit the following:

By order of the State Board of Health.

W. F. MORROW, M. D., Secretary.

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**A LAW TO BE ENACTED UPON BY THE GENERAL ASSEMBLY OF THE STATE OF MISSOURI.**

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An Act to provide for the appointment of state board of health, and for the collection and preservation of the records of births, and deaths in the state of Missouri, and for local boards of health within the state, defining the duties and powers of such boards, and prescribing penalties for violations of this Act, and repealing all Acts and parts of Acts inconsistent herewith, and declaring an emergency.

**Be it enacted by the General Assembly of the State of Missouri, as follows:**

**Section 1.** The Governor, by and with the advice and consent of the senate, shall appoint seven persons, who shall constitute a board which shall be styled the State Board of Health of Missouri. The members so appointed shall hold their office



for a term of four years. All vacancies occurring in the board shall be filled by the Governor of the state, and when made, when the senate is not in session, will be subject to confirmation at the next ensuing session of the senate.

**Section 2.** Members of said board shall be physicians in good standing, and of recognized professional and scientific knowledge, and graduates of reputable medical schools and they shall have been residents of the state for at least five years next preceding their appointment: Provided, that in the appointment made there shall be no discrimination made against the different systems of medicines that are recognized as reputable by the laws of this state.

**Section 3.** The state board of health shall have supervision of all matters relating to the preservation of the life and health of the people of the state. It shall have supreme authority in matters of quarantine, and may declare and enforce it when none exists and may modify, relax or abolish it when it has been established. The board may make special or standing orders or regulations for the prevention of the spread of contagious or infectious diseases, and for governing the receipt and conveyance of remains of dead persons, and such other sanitary matters as admit of and may be controlled by a general rule. It may also make and enforce orders in local matters when emergency exists and the local board of health has neglected or refused to act with sufficient promptness or efficiency, or when such board is not established as provided in this act, and all necessary expense so incurred shall be paid by the city, village, incorporated town, or county for which such services are rendered. It shall be the duty of all local boards of health, health authorities and officials, officers of state institutions, police officers, sheriffs, marshals, constables and all other officers and employees of the state, or of any city, village, incorporated town, or county, to enforce such quarantine and sanitary rules and regulations as may be adopted by the state board of health, and in the event of failure or refusal on the part of any member of said boards, or other officials or persons named in this section, to so act, he or they shall be subject to a fine of not less than Fifty Dollars and not more than One Hundred Dollars, for the first offense, and upon conviction of a second offense by a fine of not less than One Hundred Dollars nor more than Two Hundred Dollars. The board shall make careful in-



quiry as to the cause of disease, especially when contagious, infectious, epidemic or endemic, and take proper action to control and suppress it. The reports of births, and deaths, the sanitary condition and effects of localities, employments, the personal and business habits of the people, the relation of the diseases of beast and man shall be subjects of careful study by the board; and it may make and execute orders necessary to protect the people against diseases of the lower animals. It shall collect and preserve such information in respect to such matters and kindred subjects as may be useful in the discharge of its duties, and for dissemination among the people. It shall respond promptly, when called upon by the state or local governments, or municipal or county boards of health, to investigate and report upon the water supply, sewerage, disposal of excreta, heating, plumbing, and the ventilation of any place or public building. It shall be the duty of said board to recommend to the General Assembly of the state such laws as they may deem necessary to improve and advance the sanitary condition of the state. It shall be the duty of all health officers and boards of health in the state of Missouri to communicate to the secretary of the state board of health and furnish copies of their reports and publications, and such sanitary information as may be useful.

**Section 4.** The state board of health shall have supervision of the state system of registration of births and deaths as hereinafter provided; they shall prescribe such forms for the collection and registration of births and deaths, as they may deem necessary for obtaining and preserving such records, and said board shall make and publish such rules and regulations providing for the thorough registration of vital and mortuary statistics throughout the state as said board may deem proper. The secretary of the state board of health shall be the superintendent of such registration, and he shall safely keep and preserve records of such registration as directed by the said board. The board shall establish and maintain a chemical and bacteriological laboratory for the examination of public water supplies, the effluent of sewerage purification works, for the diagnosis of diphtheria, typhoid fever, hydrophobia, glanders, and such other diseases as they may deem necessary, and for the examination of food suspected to be the cause of disease; and said board shall examine and report annually the condition of all public water



supplies. The board may employ a chemist and bacteriologist, and fix his salary, and the expenses so incurred shall be paid out of the state board of health fund. The board shall include in its annual report all examinations made in said laboratory, and a detailed account of all expenses so incurred.

**Section 5.** It shall be the duty of the boards of health, authorities or officials, and of physicians in localities where there are no health authorities or officials, to report to the secretary of the state board of health, promptly upon the discovery thereof, the existence of any one of the following diseases which may come under their observation, to-wit:

Asiatic cholera, yellow fever, smallpox, scarlet fever, diphtheria, membranous croup, typhus or typhoid fever, and of such other contagious or infectious diseases as the state board of health may from time to time specify. And when any contagious or infectious disease shall become or threaten to become epidemic in any city, village, incorporated town, or county, and the local authorities shall neglect or refuse to enforce efficient measures for its prevention, the state board of health, or its executive committee, may appoint a medical or sanitary officer and such assistants as may be required, and authorize him or them to enforce such orders or regulations as said board may deem necessary.

**Section 6.** All prosecutions and proceedings instituted by the state board of health, for the violation of any of the provisions of this Act, or any other laws to be enforced by this board, or for the violation of any of the orders or regulations of the state board of health, shall be instituted by its secretary; and all fines or judgments collected or recieved, shall be paid over to the state treasurer, and credited to the state board of health fund.

**Section 7.** It shall be the duty of the state board of health to make an annual report, through its secretary or otherwise, in writing to the governor of the state, on or before the first day of January of each year, which shall be for the preceding calender year; and such report shall include so much of the proceedings of the board, and such information concerning vital statistics, such knowledge respecting diseases, and such instructions on the subject of hygiene as may be thought useful by the board for dissemination among the people, with such



suggestions as to legislative action as they may deem necessary.

**Section 8.** The state board of health shall prescribe and publish rules regulating the issue and use of transfer permits for the transportation of the dead bodies of persons which are to be carried for burial beyond the limits of the county where the death occurs, and they shall also prepare the necessary methods and forms for such permits, with the proper coupons attached thereto to be issued by the local boards of health, for the transportation of such bodies, and in all such cases the said board of health shall require the coupon to be attached to said permits to be detached and preserved by every common carrier, or person in charge of any vessel, railroad train, or vehicle, to whom such dead body shall be delivered for transportation. Any violation of any of the rules or regulations established by said board for any of the purposes mentioned in this section shall be a misdemeanor.

**Section 9.** The state board of health shall have the authority to prescribe rules and regulations respecting the transportation of dead bodies from places without this state to places within the state, and to that end may prescribe the necessary blanks and forms to be used by common carriers, including railroads, steamboats, or vehicles, to which such dead bodies shall be delivered for transportation into this state.

**Section 10.** Meetings of Board.—The meetings of the board shall be in in January and July of each year and at such other time as the board shall deem expedient. The meeting in January of each year shall be held in the city of Jefferson, and four members shall constitute a quorum. They shall choose from their number a president, vice-president and a secretary; and they may adopt rules and by-laws for their government, subject to the provisions of this chapter. The president, vice-president and secretary of the board shall constitute the executive committee of the board. The secretary shall receive for his services a salary to be fixed by the said board. He shall make and execute to the state of Missouri a bond in the sum of One Thousand Dollars, with sureties to be approved by the Governor, and, when approved, shall be filed in the office of the secretary of state; said bond shall be conditioned for the faithful performance of the duties of his office as such secretary. The president, vice-president and secretary of the board shall each



have the power to administer oaths whenever necessary, and to procure the attendance of witnesses by subpoena under the hand of the president and secretary, attested by the seal of said board.

**Section 11.** The state board of health shall make, adopt and publish such rules and order of business as may be necessary to make this act effective, and to facilitate the transaction of its business. It shall provide a seal, and all legal documents and papers emanating from it shall be under the seal of said board. The said board shall meet annually on the second Tuesday of January in each year at the city of Jefferson, and on the second Tuesday of April, July and October at such places as may be deemed necessary by a majority of such board. The said board shall meet at such other times and places as may be selected by a majority of said board. The members of the board shall receive as compensation for their services rendered, the sum of Ten Dollars per day for each day necessarily spent in attending the meetings of the board, and their traveling and other expenses while employed on the business of the board. The secretary shall keep a record of the expenses of the board, which shall be certified by the president of the board, and the secretary shall present the same, with the vouchers annexed, to the state auditor for allowance and, upon presentation thereof, the state auditor shall draw his warrant upon the state treasurer for the amount so certified.

**Section 12.** The officers shall hold their office for the term of one year, and until their successors shall be elected and qualified. The secretary shall keep a true record of all the transactions of the board, shall have the care and custody of all books, papers, documents, and other property belonging to the board, which he shall deliver to the board at any time it makes demand therefor; he shall communicate with other state boards of health, with the local boards of health and health officers within the state; shall file and preserve the reports received from such boards, and all correspondence of the office pertaining to the business of the board. He shall perform such other duties as may be directed by the state board of health.

**Section 13.** Whenever the state board of health shall be satisfied that any malignant, contagious, or infectious disease exists in any city, district, or part of the country, to such an extent as to endanger the lives or health of the citizens of any



part of the state of Missouri having direct communication with such infected city, district or part of the country said board shall have power, by its executive committee, to establish quarantine regulations as to such infected city or district, and may determine and regulate to what extent and by whom any communication or business transaction with such infected city or district may be had, and may establish such rules and regulations as may be deemed necessary to prevent the introduction and spread of such disease, and said board is hereby empowered to call upon any executive officer of the state to enforce such rules and regulations, and it shall be the duty of all public officials, sheriffs, marshals and constables, and all other executive officers of the state, to assist the state board of health, or its executive committee, to carry out the provisions of this act.

**Section 14.** Whenever the state board of health shall declare that any malignant, contagious or infectious disease is epidemic in any portion of the country, or the state of Missouri, they shall immediately, or as soon thereafter as possible, give notice to that effect to the citizens of the state, and shall also give public notice of the rules and regulations adopted by them for the enforcement of quarantine in infected and other districts, and take such steps and adopt such measures as they may deem necessary to prevent the introduction of such disease.

**Section 15.** Any person or persons, failing, after notice, or refusing to comply with the quarantine regulations of the state of Missouri as established by the state board of health, or any person or persons resisting by force the enforcement of the quarantine regulations of the state of Missouri, as established and approved as aforesaid, shall be deemed guilty of a misdemeanor, and on conviction thereof shall be fined not less than Fifty nor more than Five Hundred Dollars for each offense.

#### LOCAL BOARDS OF HEALTH.

**Section 16.** There shall be established in each city, village, or incorporated town within this state a board of health; such board shall be composed of five members, unless otherwise provided by the charter of such city, village or incorporated town. In villages or incorporated towns the trustees or mayor and aldermen shall appoint said board of health, or shall appoint a health officer instead of a board of health and fix his salary and term of office, who shall have all the powers and perform all



the duties granted to or imposed upon boards of health, except that all rules, regulations or orders of a general character and required to be published, made by such health officer, shall be approved by the state board of health. If any city, village, or incorporated town shall fail or refuse to establish therein a board of health or appoint a health officer, the state board of health may appoint a health officer for such city, village, or incorporated town, and fix his salary and term of office, and such health officer shall have the same powers and duties as health officers appointed in villages and incorporated towns in lieu of a board of health, as herein provided, and the salary of such health officer, as fixed by the state board of health, and all necessary expenses incurred by him in performing the duties of a board of health shall be paid by and be a valid claim against the city, village, or incorporated town for which such health officer is appointed to serve.

**Section 17.** The county board of health of each country in the state shall be composed of three members: the presiding judge of the county court, the county clerk and one physician (who shall reside in the county-seat) appointed by the county court. The presiding judge of the court shall be the president of said board; the county clerk, the secretary and the physician, who is a member of said board shall be superintendent. The said board shall appoint two physicians, to be known as assistant superintendants, to assist the superintendent in the performance of his duties, such physicians being residents of different county judicial districts in the county. The president of the county board shall receive the sum of Five Dollars for each day devoted to the business of the board, and the secretary of the board shall receive the sum of Two Hundred Dollars per annum for his services as secretary of the county board. It shall be the duty of the secretary of the board to keep a correct record of all the proceedings of the board, and to keep a record of all deaths and births that may occur in the county, and it shall be the duty of the secretary of the board to make a report to the secretary of the state board of health every three months, or as often as may be required by the state board of health, of all the births and deaths in the county, and also all the contagious and infectious diseases that may be prevalent in such county. The superintendent of the county board of health and the assistant superintendants shall receive a reasonable com-



compensation for their services and expenses incurred thereby, out of the county treasury.

**Section 18.** The board of health of each city, village, or incorporated town, established by this act, shall meet within ten days after this act shall take effect and shall organize by electing one of its members president, and shall elect a secretary, who shall be a physician resident and practicing in said city, village, incorporated town, and the said board of health shall meet quarterly and at such other times as they may deem necessary. Such board of health may make orders and regulations necessary for its own government, for the public health, the prevention or the restriction of disease, and the prevention, abatement, or suppression of nuisances. Such boards in cities, villages or incorporated towns shall collect and preserve records of all births and deaths occurring within their respective jurisdiction and shall report the same monthly to the secretary of the county board of health hereby established. All orders and regulations not for the government of the board, but intended for the general public, shall be adopted, advertised, recorded and certified as are ordinances of cities, villages or incorporated towns; and the record thereof shall be given in all courts of the state the same force and effect as is given such ordinances.

**Section 19.** Any person or persons violating any order or regulation of the board of health made in pursuance of the provisions of this act, or who shall obstruct or interfere with the execution of any such order, or willfully omit to obey any such order, shall be fined in a sum not less than Twenty-five Dollars and not more than One Hundred Dollars, or shall be imprisoned for not less than ten nor more than ninety days, or shall be punished by both such fine and imprisonment; but no person shall be imprisoned under this section for the first offense, and the prosecution shall be deemed to be for a first offense, unless the affidavit upon which the prosecution is instituted or based contains the allegations that the offense is a second or repeated offense.

**Section 20.** If such violation, obstruction, interference or omission be by a corporation, it shall forfeit and pay to the proper city, village, incorporated town, or county, a sum not less than One Hundred Dollars and not more than Three Hundred Dollars, to be collected in a civil action brought in the name of the city, village, county, or incorporated town; and



any officer, agent or employee of such corporation having authority over the matter, and permitting such violation, shall be subject to fine or imprisonment, or both, as hereinbefore provided. The judgment herein authorized being in the nature of a penalty, or exemplary damage, no proof of actual damage shall be required, but the court or jury finding other facts to justify recovery, shall determine the amount by reference to all the facts, culpatory, exculpatory or extenuating, adduced upon the trial.

**Section 21.** Prosecutions under the foregoing sections and the civil action provided for in the preceding section, shall be instituted before any justice of the peace within the county, or justice of the peace, mayor, or police judge of the city or village or incorporated town where the offense was committed, or the offending person resides. All fines collected for violations of the provisions of the foregoing sections shall be paid to the treasurer of the municipality, village, incorporated town or county where the offense occurred and credited to the expense of the local board of health instituting the prosecution. No fine imposed in any prosecution under this section or the foregoing sections shall be remitted by the magistrate by whom such fine was imposed.

**Section 22.** The board of health shall abate and remove all nuisances within its jurisdiction. It may compel the owners, agents, assignees, occupants, or tenants of any lot, property, building, or structure upon or in which any nuisance may be, to abate and to remove the same by orders therefor, and treat the neglect or refusal to obey orders for such purpose as a misdemeanor punishable as hereinbefore provided. The board of health may regulate the location, construction, repair, use, emptying, and cleaning of all water-closets, privies, cess-pools, sinks, plumbing, drains, yards, pens, stables, or other places where offensive or dangerous substances or liquids are or may accumulate, and may declare the same a public nuisance and may order the same to be removed, or abated; and the refusal or neglect to obey said order shall be a misdemeanor, punishable as hereinbefore provided. The board may also, by its officers and employees, remove, or abate, by disinfection, the same, and certify the cost and expense thereof to the authorities of the city or county charged with that duty, to be assessed against



the property and thereby made a lien upon the same, and collected the same as other taxes.

**Section 23.** Every physician or other person called to attend any person who is suffering from smallpox, cholera, plague, yellow fever, typhus fever, diphtheria, membranous croup, scarlet fever, or typhoid fever, or any other disease dangerous to the public health, or required by the state board of health to be reported, shall report the same to the health officer within whose jurisdiction such person is found, giving in such report the name, age, sex and color of the patient and the house or place in which such person may be found; and in like manner it shall be the duty of the owner or agent of the owner of a building in which a person resides who has any of the diseases herein named or provided against, or in which are the remains of a person having died of any such disease, and the head of the family, immediately after becoming aware of the fact, to give notice thereof to the superintendent or assistant superintendent of the county board of health, unless it be in a city, town or village, where it shall be reported to the health officers of such city, town or village; and when complaint is made or a reasonable belief exists that an infectious or contagious disease prevails in any house or other locality which has not been reported as hereinbefore required, the board shall cause such house or locality to be inspected, and on discovering that such infectious or contagious disease exists, the board may, as it deems best, send person so diseased to a quarantine hospital or other place provided for such persons, or may restrain them and others exposed within said house or locality from intercourse with other persons, and prohibit ingress and egress to or from such premises. Any violation of the provisions of this section shall be deemed a misdemeanor and the offender, upon conviction, shall be punished by a fine of not less than Fifty Dollars nor more than One Hundred Dollars for each offense.

**Section 24.** It shall be the duty of the board of health when a case of smallpox, cholera, plague, yellow fever, typhus fever, diphtheria, membranous croup, or scarlet fever is reported within its jurisdiction, to at once cause to be placed in a conspicuous position on the house wherein any of the aforesaid diseases occur a quarantine card having printed on it in large letters the name of the disease within, and to prohibit entrance to or exit from such house without written permission from the



board of health; and no person quarantined by a board of health on account of having a contagious disease, or for having been exposed thereto, shall leave such quarantined house or place without the written permission of the board of health; and every physician attending a person affected with any of the aforementioned diseases shall use such precautionary measures to prevent the spread of the disease as may be required by the board of health. No person shall remove, mar, deface or destroy such quarantine card, which shall remain in place until after the patient has been removed from such house, or has recovered and is no longer capable of communicating the disease, and the said house and the contents thereof have been properly purified and disinfected by the board of health. And where other inmates of said house have been exposed to and are liable to become ill of any of said diseases, for a period thereafter to be fixed by the board of health; and in case of measles, chickenpox and whooping cough, or either of them, the board of health may require the same report of cases and may enforce the same quarantine and other preventive measures as are provided for in this section in cases of scarlet fever, or diphtheria. The boards of health may employ as many persons as it deems necessary to execute its orders and properly guard any house or place containing any person or persons affected with any of the diseases named herein, or who have been exposed thereto, and such persons shall be sworn in as quarantine guards, shall have police powers, and may use all necessary means to enforce the provisions of this act for the prevention of contagious or infectious disease, or the orders of any board of health made in pursuance thereof. Any person who shall violate any of the provisions of this section shall be deemed guilty of a misdemeanor and upon conviction thereof shall be punished by a fine of not less than Twenty-five Dollars nor more than Fifty Dollars.

**Section 25.** Any person who, while suffering from small-pox, cholera, plague, yellow fever, diphtheria, membranous croup, scarlet fever, wilfully or unlawfully exposes himself in any street, shop, inn, theatre, or other public place or public conveyance, or being in charge of any person so suffering so exposes such sufferer, or gives, lends, sells, transmits or exposes, without previous disinfection by the board of health, or under its direction, any bedding, clothing, rags or other thing which has been exposed to infection from any such disease, or



who knowingly lets for hire any house, room or part of a house in which any person has been suffering from any such disease, prior to such house, room, or part of a house having been disinfected by the board of health, shall be deemed guilty of a misdemeanor and punishable as hereinbefore provided.

**Section 26.** It shall be the duty of every physician who is attending a person affected with smallpox, yellow fever, typhus fever, diphtheria, membranous croup, or scarlet fever, when such person has recovered and is no longer liable to communicate the disease to others, or has died, to furnish a certificate to the proper board of health of such recovery or death as in this act provided and as soon thereafter as the board deems it advisable its health officer or other person appointed for that purpose shall thoroughly disinfect and purify the house and contents thereof in which such person has been ill or has died, which disinfection and purification shall be done in accordance with the rules and regulations adopted and promulgated by the state board of health, and the local board of health may purchase such disinfecting apparatus and supplies as it deems necessary for such purpose; and upon the request of the owner or occupant of any dwelling or house, or the head of any family, the boards of health shall purify and disinfect any house which has been occupied by any person suffering from pulmonary tuberculosis, commonly called consumption, or in which any person has died from said disease; the expense of disinfection shall be paid by the local board of health, and said board may destroy any infected clothing, bedding, or other article which cannot be made safe by disinfection, and shall furnish to the owner thereof a receipt, of which it shall keep a full and accurate copy, for articles so destroyed, which receipt shall show the number, character, condition and estimated value of the articles destroyed, and when any building, hut, or other structure has become infected with smallpox or other dangerous communicable disease, and cannot, in the opinion of the board of health, be made safe by disinfection, the board may have such building, hut, or other structure appraised and destroyed, and the common council of cities, the board of trustees or mayor and aldermen of villages or incorporated towns, or the county board of health, or other board or body having the power of such common council, trustees, mayor or aldermen, upon the presentation of the original receipt or written statement of the appraisers for



articles or houses so destroyed, shall pay to the owner thereof, or other person authorized by the owner to receive the same, the estimated value of such destroyed articles, or such sum as the common council, board of trustees, or county court may determine to be a just compensation therefor. When a house or other place is quarantined on account of contagious disease it shall be the duty of the board of health having jurisdiction thereof to provide for all persons confined in such house or place, food, fuel, and all other necessaries of life, including medical attendance, medicine and nurses, when necessary; the expenses so incurred, except those for disinfection, quarantine, or other measures strictly for the protection of the public, when properly certified by the president and secretary of the board of health, or health officer where there is no board of health, shall be paid by the person or persons quarantined, when able to make such payment; and when not, by the city, village, incorporated town, or county in which they were quarantined.

**Section 27.** No person residing in or occupying any house in which there is a person suffering from smallpox, cholera, plague, typhus fever, diphtheria, membranous croup, or scarlet fever, shall be permitted to attend any public, private, parochial school of college, or any other public gathering, until the quarantine provided for in such diseases in the foregoing sections has been removed by the board of health, and all school principals, or other persons in charge of such schools, are hereby required to exclude any and all such persons until such time as they may present a written permit of the board of health to attend or re-enter such schools.

**Section 28.**...The state board of health or any local board of health shall be authorized to erect any temporary wooden building or field hospitals deemed necessary for the isolation or protection of persons or freight supposed to be infected, and may employ nurses, physicians and laborers sufficient to operate the same properly, and sufficient police to guard the same. The board of health may cause the disinfection, renovation or complete destruction of bedding, clothing, or other property belonging to corporations or individuals, when such action seems to such board necessary, or a reasonable protection against the spread of contagious or infectious diseases.

**Section 29.** The board of health is hereby required to inspect semi-annually, and oftener if in the judgment of the board



it shall be deemed necessary, the sanitary condition of all schools and school buildings within its jurisdiction, and may, during an epidemic or threatened epidemic, or when any dangerous communicable disease is unusually prevalent, close any school and prohibit public gatherings for such time as it may deem necessary, and may disinfect any school building. The board shall abate all nuisances and may remove or correct all conditions detrimental to health or well-being found upon school property by serving an order upon the board of education, school board, or other person or persons responsible for such property, for the abatement of such nuisance or condition within a reasonable but fixed time; and any person failing to comply with such order, unless it is shown that there was good and sufficient reason therefor, shall be fined in a sum not less than Twenty-five Dollars and not more than One Hundred Dollars. The board may appoint such number of inspectors of schools and school buildings as it may deem necessary to properly carry out the provisions of this section. The board of health may take measures and supply agents and afford inducements and facilities for gratuitous vaccination.

**Section 30.** The board of health shall create a complete and accurate system of registration of births, deaths and interments occurring within its jurisdiction, for the purpose of legal and genealogical investigations, and to furnish facts for statistical, scientific and sanitary inquiries; and no corpse shall be buried or cremated within the state of Missouri, or taken out of the state, without a permit from the board of health where the death occurred, and before granting such permit the board of health, if the corpse is to be transported beyond its jurisdiction, shall receive from the undertaker or person in charge of the corpse a written certificate certifying that it has been prepared in accordance with the rules of the state board of health, and any person wilfully making a false statement relative to the preparation of a corpse shall be deemed guilty of a misdemeanor and shall be punished by a fine of not less than Fifty Dollars and not more than Two Hundred Dollars; and no sexton, superintendent, or other person in charge of any cemetery, burial grounds or crematory shall receive a corpse for burial, or cremation, unless accompanied with the permit of the board of health provided for herein, and no common carrier, its agent, conductor or other employee, shall receive for conveyance, or convey the remains



of a diseased person without having first complied with such regulations as shall be made by the state board of health.

**Section 31.** It shall be the duty of the local board of health on or before the first day of January of each year to make a report in writing to the secretary of the state board of health, which shall be for the preceding calendar year, upon the sanitary condition and prospects of the city village, incorporated town, or county, which report shall contain the statistics of births, deaths, the action of the board, and its officers and agents, and the names thereof, for the past year, and it may contain other useful information, and the board or the health officer shall suggest therein any further legislative action deemed proper for the better protection of life and health, and it shall be the duty of such boards of health and health officers to promptly furnish such special reports as may be called for by the state board of health.

**Section 32.** Any person who shall put the carcass of any dead animal, or the offal from any slaughter-house, or butcher's establishment, packing-house, or fish-house, or any spoiled meat, or spoiled fish, or any putrid substance, or the contents of any privy vaults, upon or into any lake, river, bay, creek, pond, canal, road, street, alley, lot, field, meadow, public ground, market space or common, and whoever being the owner or occupant of any such place, knowingly permits any such thing to remain therein, to the annoyance of any of the citizens of this state, neglects or refuses to remove or abate the nuisance caused thereby, within twenty-four hours after knowledge of the existence of such nuisance upon any of the above described premises, owned or occupied by him, or after notice thereof in writing, from any board of health, constable, sheriff, marshal, health officer of any municipal corporation, or county, in which such nuisance exists, shall be fined not less than Ten Dollars and not more than Fifty Dollars, or shall be imprisoned not less than ten days and not more than thirty days.

**Section 33.** The trustees or board of any cemetery association or other officers having control and management of a cemetery, shall disinter or issue a permit for disinterment, and deliver any body now buried or that may hereafter be buried in such cemetery under their control, on application of the next of kin of the deceased, being of full age and sound mind, to



such next of kin, upon payment of the reasonable cost and expense of the disinterment; provided, however, that no such disinterment shall be made during the months of April, May, June, July, August or September of any year; and in no event where the deceased has died of contagious or infectious disease, and not until a permit has been issued by the local health department.

**Section 34.** Such application shall be in writing; shall state the relation of the applicant to the deceased; that the applicant is of the next of kin of the deceased, of full age and sound mind; the disease of which the deceased died; where the body shall be re-interred; and shall be subscribed and sworn to before some officer authorized to administer oaths.

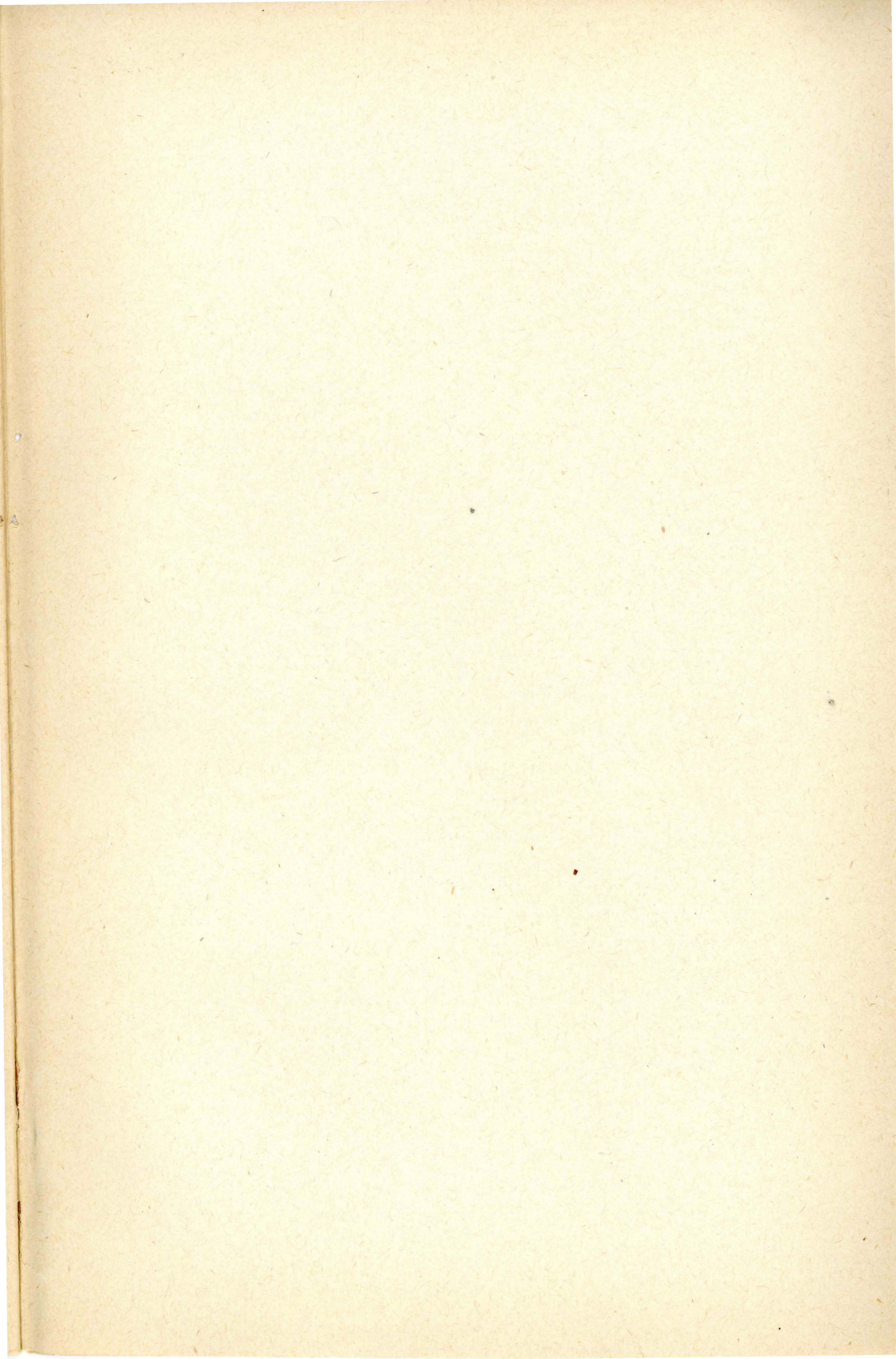
**Section 35.** No ice shall be cut for the purpose of being sold or used for domestic purposes in any city, village, incorporated town, or county in this state from any pond, lake, creek or river within the limits of any such city, village, incorporated town, or county, unless a permit therefor shall first be obtained from the secretary of the board of health, the fee being fixed by the board of health for such services and no person or persons shall sell or deliver any ice in any city, village, incorporated town, or county in this state for domestic purposes without first obtaining a permit therefor from the secretary of the board of health, and it shall be lawful for the secretary of any such board of health to refuse a permit and to revoke any granted by him when in their judgment the use of any ice cut or sold, or to be cut or sold, for domestic purposes, under the same is or would be detrimental to the public health.

**Section 36.** The board of health of any city, village, incorporated town, or county, may prohibit the sale or use of any ice for domestic purposes within the limits of such city, village, incorporated town, or county when, in their judgment, the same is unfit for use, and the use of the same would be detrimental to the public health.

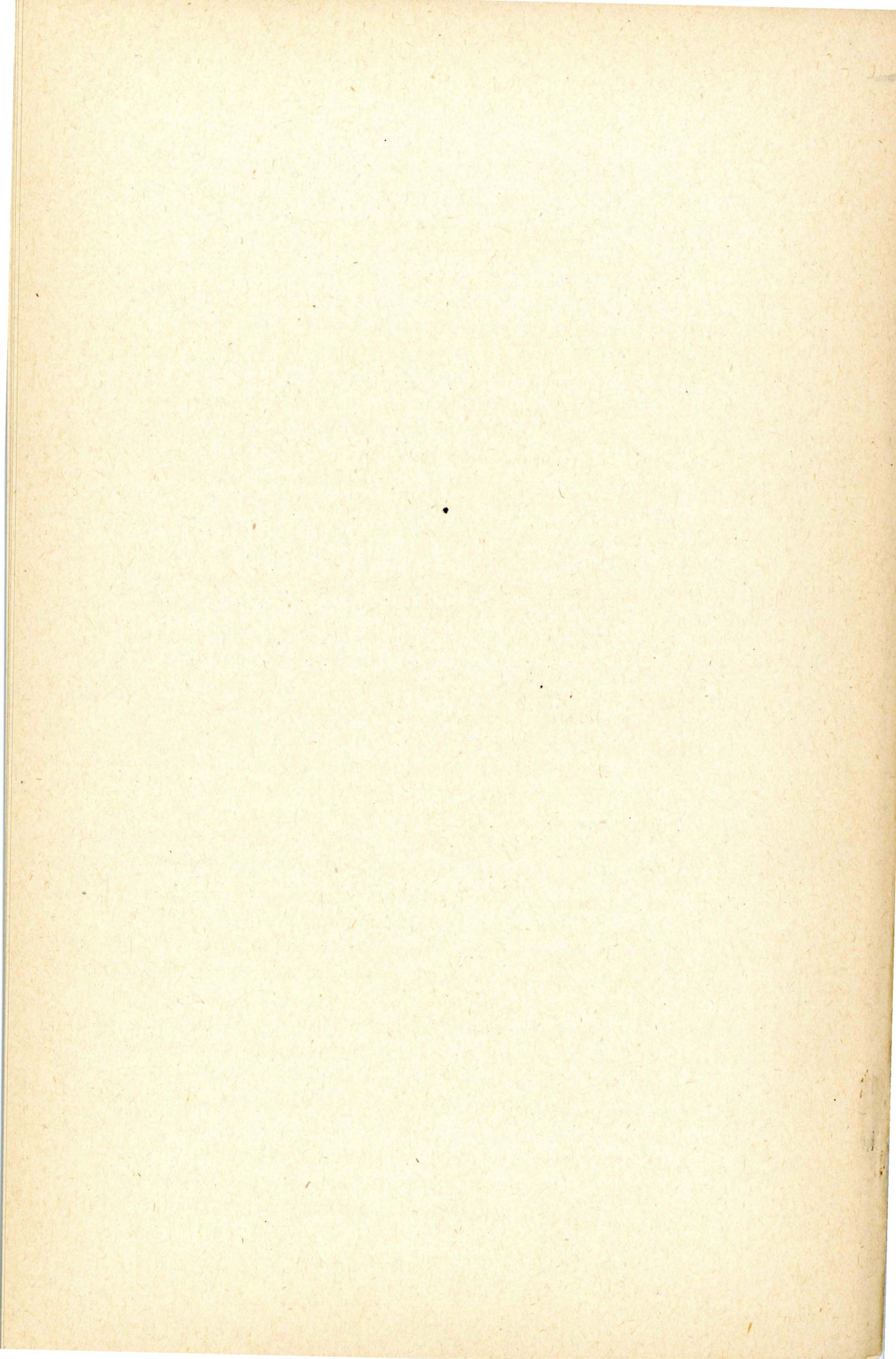
**Section 37.** All acts and parts of acts inconsistent with the provisions of this act are hereby repealed.

**Section 38.** The necessity of having a duly authorized board of health in the state co-operating with local boards of health, and providing for the registration of births and deaths creates an emergency within the meaning of the constitution of the state of Missouri, and, therefore, this act shall take effect and be in force from and after its passage.











# BULLETIN

OF THE

# MISSOURI STATE BOARD OF HEALTH

**Published Monthly at Office of the Secretary of the Board, 11th and Walnut, Kansas City, Mo.**  
 Entered at the post-office at Kansas City, Mo., as second class matter.

A. W. McALESTER, M. D., Prest.	Columbia, Mo.	M. M. HAMLIN, M. D., - -	St. Louis, Mo.
D. T. POWELL, M. D., Vice-Prest.	Thayer, Mo.	J. T. THATCHER, M. D., - -	Oregon, Mo.
ROBERT H. GOODIER, M. D.	Hannibal, Mo.	J. A. B. ADCOCK, M. D., -	Warrensburg, Mo.
W. F. MORROW, M. D., Secretary, Kansas City, Mo.			

**VOL. III.**

**JUNE, 1905.**

**No. 6**

## FAREWELL.

This is a farewell. The old Board goes out. It is history; let its record speak for itself. Four years ago it came into power with a new and untried law to enforce, known as the Hall Medical Practice Act. How well we have done, time will show, as results are always slow to make their returns. This Board had a double function to perform: one, purely a Health Board preserving health and life; the other known among physicians as the Medical Practice Act.

Permit me to recall one item from the Secretary's report, to-wit: "A little over eleven hundred have been licensed to practice medicine in this state in four years, as compared with the legitimate workings of the old law requiring merely a diploma to get legal sanction to practice, where twelve hundred were licensed every twelve months." This old law simply and practically delegated the licensing power to the various medical colleges of the world—a very questionable procedure. This power should be given as in the new law—to the Board of Health. Permit an expression here to a Board that has but one function to perform: an Examining Board pure and simple; the animosities engendered on the personnel of the Board by refusing a license to so



many, that it increases the opposition in both the profession and the laymen to such an extent as to lessen the usefulness of the Board of Health. The sooner this separation is made just that much sooner will the beneficent effect be felt and realized by the people as a life-saving Board guarding against the scourges of disease, lessening the contagion, preventing water polutions and the like. As a Board of Health, working under a very defective law—a law without a penalty, we have organized over one hundred counties out of one hundred and fourteen counties in this state, into Local Boards of Health. By so doing, we have almost wiped out smallpox in this state. We have succeeded in throwing around the school rooms of this state the protecting arm of the Local Board of Health, thus saving the life of the young of the state. Many more items could be mentioned but we forbear.

To the profession of the state, the personnel of this Board returns thanks for your kind considerations; the support you have given in upholding our hands in hours of trouble. The great masses of the profession have given confidence to the people in regards to the functions of the Board of Health. Go on with your good work and give words of encouragement to the new Board.

To the new Board—May your organization be as pleasant in all its personal relations as has fallen to our lot. May no discord ever enter your ranks, but stand, as I know you will, a solid unit for good, for enforcement of law, for the saving of human life.

Gladly, gentlemen, do we turn over to you—as we know it will be safe—the great seal of the Board of Health of the state of Missouri.

*Adieu*, and may success crown your works.

*Finis opus coronat.*



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## MEDICAL RECIPROCITY WITH OTHER STATES.

By an act of the past Legislature, the Missouri State Board of Health are now permitted to hold reciprocal relations with other states, provided their requirements are equal to those of this state, and provided that said other states will exchange like courtesies.

The Secretary has communicated with the Secretaries of all Medical Examining Boards of the United States and their replies duly filed in this office. Quite a number of states are willing to hold reciprocal relations with Missouri with those we have licensed, provided that at the time of their examination they were graduates of a four-year school in good standing, with an acceptable preliminary requirement, equal to those required in each respective state. I have received replies from other states who refuse to reciprocate with Missouri because we license under-graduates. There are a great many states that have no reciprocal powers given them by law.

The following is a copy of the American Reciprocating Examining and Licensing Medical Boards:

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### BASIS FOR RECIPROCAL MEDICAL REGISTRATION.

That for the purpose of establishing medical reciprocity among the states composing it, the American Confederation of Reciprocating Examining and Licensing Medical Boards does hereby agree to the following propositions as a basis of reciprocal medical registration:

(a) That a prerequisite to reciprocal registration, the applicant therefor shall file in the office of the Board of the State of which he is a licentiate such evidence as will enable the said board to certify that he is of good moral and professional character.

Such certificate shall be filed with his application for reciprocal registration in another State.

#### QUALIFICATION NO. I.

(b) That a certificate of registration showing that an examination has been made by the proper Board of any state, on which an



average grade of not less than 75 per cent was awarded, the holder thereof having been at the time of said examination, the legal possessor of a diploma from a medical college in good standing in the state where reciprocal registration is sought, may be accepted, in lieu of examination, as evidence of qualification. Provided, that in case the scope of the said examination was less than that prescribed by the State in which registration is sought, the applicant may be required to submit to a supplemental examination by the Board thereof in such subjects as have not been covered.

#### QUALIFICATION NO. II.

(c) That a certificate of registration, or license issued by the proper Board of any State, may be accepted as evidence of qualification for reciprocal registration in any other state. Provided the holder of such certificate had been engaged in the reputable practice of medicine in such state at least one year; and also provided, that the holder thereof was, at the time of such registration, the legal possessor of a diploma issued by a medical college in good standing in the State in which reciprocal registration is sought, and that the date of such diploma was prior to the legal requirement of the examination test in such State.

At the State Board examination, held in Kansas City, April 3rd, 4th and 5th, in the University Medical College, 116 applicants took the examination; of which number 94 passed and 22 failed. One midwife took the examination and failed.

At the State Board examination, held in St. Louis, April 10th, 11th and 12th, in the Medical Department of the St. Louis University, 159 applicants took the examination, of which number 117 passed and 42 failed. Thirteen midwives took the examination, six passed and seven failed.

As you have doubtless observed, in order that physicians may be eligible to obtain a license on a reciprocal basis, they are compelled to be graduates of reputable schools, requiring a four-year course, and you will see from the above rules, that applicants must possess a liberal preparatory education, which means a high school diploma and



degrees in a university or pass an examination that is equal to the requirements of the state in which you have been licensed, so you will readily see that this brings the matter up to a question of a standard of requirements; so at our last meeting in Jefferson City, May 1st, the Board passed the following resolution: "The Committee appointed at the Kansas City meeting, July, 1904, to prepare preliminary qualifications, introduced the following resolution which was adopted and would take effect July 1st, 1905. That this Board will enforce its former ruling, made at its Kansas City meeting July 5th, 1904, requiring documentary evidence of preliminary qualifications on and after July 1st, 1905. That the Secretary be instructed to give such notice as he may deem advisable and that the application blanks contain such notice. Further, that the Executive Board be empowered to so modify our former ruling as to harmonize with the preliminary requirements of the various federations of Medical Colleges in the United States."

The amended act of the Medical Practice Act of this state will not go into effect until the 16th of June, 1905. It will require two or three weeks to prepare blanks necessary to carry into effect this part of the law, all of which will have to be submitted to the Board, which convenes about the 1st of July. The fee for reciprocal registration is \$25.00, and the blanks shall be filled out with the affidavits in full, which can be filed in this office subject to a conference with the Secretary or the Board issuing the certificate from said state. Then, too, it will require a little time, and those who make these applications for license should understand that it requires time, and it will be necessary for them to exercise a due amount of patience until this matter of issuing a license upon reciprocal basis, is thoroughly established. The Secretary of this Board will be glad to furnish any information regarding same as may be in his power to give.

While Missouri is not quite up to the standard of requirements of the American Confederation of Reciprocating Boards, yet the Board of Health of this state have been exercising the greatest care in its licensing power. We have established the reputation of being a strict Board. We have given each and every applicant a fair show



in the examinations and have in all cases, tried to be just in our decisions, and I do not hesitate to say that our work will compare favorably with that of any State Board of Health in the Union, even though we admit under-graduates to take the examinations, the records will show that during the past four years, we have only licensed a fraction over 1,100 to practice medicine in this state, which is equivalent to the work done in one year by our predecessors under the old law.

The present State Board of Health believes in a high standard of requirements, and your humble servant has tried hard to get advanced measures through the Legislature, that would place the legal standard of requirements second to none in the United States. We wish to say further in this connection, that the medical schools of our state have made great advancement in their teaching as evidenced by the class of students that are turned out now as compared with those of four years ago. The time has come when small medical schools are poor corporations to hold stocks. They no longer have any place in this state. The majority of medical schools in Missouri are progressive and are doing good work, but they must keep up with the rapid advancement in medicine that the past decade has witnessed. The present State Board of Health is modest and has said very little concerning this matter, but we have often been told by members of the profession that the present State Board of Health has done more to raise the standard of medicine and to stimulate the teaching faculty of the medical colleges than all the other sources combined. We are not willing for these kind words of our fellows to be confined to the grand old state of Missouri alone, but to all active Boards of Health throughout the United States. We realize that our reciprocal relations with other states, in the way of licenses, are not all, but our associations as states will unionize our forces and enable each state to be stronger in the advancement of this important measure. We cannot get the standard of medical requirements too high—we believe in a high preliminary requirement of students who wish to study medicine—the uneducated doctor will soon be a thing of the past.

The following are the replies of states who have responded to



the inquiries of the Secretary, signifying their willingness to reciprocate with the State of Missouri, or stating their reasons for not reciprocating. Several states have not yet been heard from.

I would suggest that this copy of the bulletin be kept on file, as there are many who want to know what states are willing to reciprocate with this state.

Alabama.

Is not a reciprocal state.

Arizona.

There are no legal provisions for reciprocity.

Arkansas.

Is not a reciprocal state.

California.

Will not be able to report on the matter until the Board meets in August.

Colorado.

Under limited legal restrictions, will hold reciprocal relation.

Connecticut.

The law forbids reciprocity with a state that licenses undergraduates.

Delaware.

Will only reciprocate with our graduate licentiates.

District of Columbia.

The law will not allow an under-graduate to be licensed and will reciprocate with licensed graduates on their individual merits.

Florida.

Not a reciprocal state.

Idaho.

Law does not permit of reciprocal exchange of license.



## Illinois.

Will hold reciprocal relation only with graduates of reputable colleges.

## Indiana.

Will consent to reciprocal relation only with licensed graduates, and the applicant must be examined on all branches required by their state law.

## Iowa.

This state not ready to answer until after their meeting, July 5th.

## Kansas.

Will reciprocate with graduate licentiates only.

## Maine.

Their law will allow them to accept our licentiates only so far as it pertains to graduates of reputable schools.

## Massachusetts.

There is nothing in their law regarding the matter of reciprocal relations, nor does their Board believe in reciprocity.

## Michigan.

Will enter into reciprocal relation only with licentiate graduates from reputable schools.

## Minnesota.

Is not ready to report; will do so after their Board meeting in July. They have legal authority to hold reciprocal relations with other states.

## Mississippi.

Their law does not permit of reciprocal relations.

## Montana.

Is not a reciprocal state.

## Nebraska.

Will reciprocate with licentiates who are graduates of reputable schools.



## New Hampshire.

Not ready to report; will do so at next Board meeting.

## New Jersey.

This state will indorse the certificate of license of any State Board whose standard of requirements, academic, medical and examining are substantially the same as those of this Board, irrespective of reciprocity.

## New Mexico.

Their law provides for reciprocity, but unfortunately their standard of requirements is so low that other states will not reciprocate. Hence the clause is of no practical value.

## New York.

This state provides for reciprocity, at present inoperative, as the requirements of no other state are equal to this state.

## North Carolina.

Is not a reciprocal state.

## North Dakota.

Have legal provisions for reciprocity, but owing to the fact that we license under-graduates, they will not reciprocate with this state.

## Ohio.

This state has legal reciprocity, but owing to the fact that we license under-graduates, they will not reciprocate with this state.

## Oklahoma.

This is not a reciprocal state.

## Oregon.

This state is working along the line of reciprocity and are not yet ready to answer with regard to our state, although our laws are very similar.

## Pennsylvania.

Have reciprocal powers, but decline to reciprocate with our state.



Rhode Island.

This is not a reciprocal state.

Tennessee.

This is not a reciprocal state.

Vermont.

This state has reciprocal powers, but only license graduates. Their Board will meet in July and discuss the matter.

Virginia.

Will report at their Board-Meeting this month.

Washington.

Have no legal reciprocity.

West Virginia.

Is not a reciprocal state.

Wisconsin.

The matter will be discussed at their next Board meeting in July. Will only reciprocate with our graduate licentiates and then each applicant on his individual merits.

Wyoming.

This state has legal authority to hold reciprocal relations, but could only recognize graduate licentiates. Subject will be discussed at the next meeting of their Board.

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## AN ACT TO REGULATE THE PRACTICE OF MEDICINE, SURGERY MIDWIFERY.

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### MEDICINE AND SURGERY.

AN ACT to amend section 3 of an act entitled "An act to regulate the practice of medicine, surgery and midwifery, and to prohibit treating the sick and afflicted without a license, and to provide penalties for the violation thereof," as found in session acts of 1901, at page 207, and approved March 12, 1901.

SECTION 1. Permits board of health to admit without examination practitioners holding certificates from other states.

*Be it enacted by the General Assembly of the State of Missouri, as*



*follows:*

SECTION 1. That section 3 of an act entitled "An act to regulate the practice of medicine, surgery and midwifery, and to prohibit treating the sick and afflicted without a license, and to provide penalties for the violation thereof," as found in session acts of 1901 at page 207, and approved March 12th, 1901, be and the same is hereby amended by adding thereto the following words: "And it is further provided that the said state board of health may at their discretion admit without an examination legally qualified practitioners of medicine who hold certificates to practice medicine in any state or territory in the United States, or the District of Columbia, with equal requirements to the state of Missouri, upon the applicant paying a fee of twenty-five dollars;" so that said section, when amended, shall read as follows:

Section 3. All persons desiring to practice medicine or surgery in this state, or to treat the sick or afflicted as provided in section one of this act, shall appear before the state board of health at such time and place as the board may direct, and shall be examined as to their fitness to engage in such practice. All persons appearing for examination shall make application in writing to the secretary of said board thirty days before the meeting. They shall furnish satisfactorily evidence of their preliminary qualifications, and shall also furnish evidence of good moral character. The medical examination may be made in whole or in part in writing, and shall be of elementary and practical character, but sufficiently strict to test the qualifications of the candidate as a practitioner, and shall embrace the subjects of anatomy, chemistry, physiology, pathology, therapeutics, obstetrics, gynecology, surgery, practice of medicine, medicine jurisprudence and hygiene and such other branches as the state board may direct. The candidates shall be required to answer seventy-five per cent of such questions as are asked him before being granted a certificate: Provided, however, that the examination of any applicant in therapeutics shall be conducted by the member or members of said board who represent the system of medicine of which such applicant has been a student. If there shall be no representative of the school or system of which the applicant has been a student, the examination



in therapeutics shall be conducted by an examiner appointed for that purpose by the governor of Missouri, but all examinations other than that in therapeutics shall be conducted as heretofore provided in this act. The board of health shall issue to such persons as they shall find upon examination to possess the requisite qualifications a license to practice medicine and surgery in accordance with the provisions of this act, and the state board of health shall not be permitted to favor any particular school or system of medicine, but all applicants shall be subjected to the same examination and the same degree of proficiency shall be required of all. The board shall examine persons applying for a license, although such persons cannot speak the English language, the applicant in all such cases to pay the expenses of an interpreter satisfactory to the board. And it is further provided that the said state board of health may at their discretion admit without examination legally qualified practitioners of medicine who hold certificates to practice medicine in any state or territory in the United States, or the District of Columbia, with equal requirements to the state of Missouri, and that extend like privileges to legally qualified practitioners from this state upon the applicant paying a fee of twenty-five dollars.

Approved April 10, 1905.

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### THE PATENT MEDICINE CURSE.

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BY GERALD MCCARTHY.

(Biologist, N. C. Board of Health.)

According to the census of 1900 the wholesale value of the "patent medicines" consumed in the United States during the census year was about \$60,000,000. Adding to this one-third for the retailer's profit, we get the enormous sum of about eighty million dollars annually worse than wasted by the American people, or, to speak more particularly, by the poorer and more ignorant classes of the American people.

It is well known to those informed in regard to the manufac-



ture of medicines that the great majority of these nostrums, intended for internal use, contain alcohol and some nerve narcotic like opium or cocaine or one of the newer class of synthetic stimulants as the active agents. Cosmetics all contain corrosive sublimate or some other poisonous salt of mercury. Hair-dyes invariably contain lead.

The following list of proprietary nostrums and some of their active ingredients has recently been published by the Massachusetts Board of Health. It would be well for honest newspaper editors and others who have the public ear to inform the poor ignorant dupes who pay money they can illy spare for these secret drugs just what they are buying and taking into their systems.

ANALYSES BY THE MASSACHUSETTS BOARD OF HEALTH.

COSMETICS.

The following were found to contain acetate of lead (sugar of lead) or some other active lead compound:

	<i>Per Cent of Lead Contained.</i>
Ayer's Hair Vigor contained the equivalent of about.....	0.30
"Renown" Hair Restorer contained the equivalent of about..	1.86
Mrs. Allen's Hair Restorer contained the equivalent of about..	2.30
American Hair Restorative contained the equivalent of about	0.61
Barrett's Vegetable Hair Restorer contained the equivalent of about . . . . .	0.22
Chevalier's Life for the Hair contained.....	Much
Hall's Vegetable Sicilian Hair Renewer contained the equiva- lent of about. . . . .	1.75
Woods Hair Restorative contained the equivalent of about....	1.59
Ring's Vegetable Ambrosia contained the equivalent of about	1.51
Parker's Hair Balsam contained the equivalent of about.....	2.32
Wolf's Vegetable Hair Restorer contained the equivalent of about . . . . .	0.95
Champlin's Liquid Pearl.....	Much

Instances of lead poisoning have been known to occur from the free external use of such preparations as the foregoing.

The following contained corrosive sublimate, or some other



poisonous salt of mercury, in the proportion of 1 to 15 grains per ounce:

Harriet Hubbard Ayer's Recamier Cream, Balm and Lotion.

Madam Ruppert's World Renowned Face Bleach.

Madam Yale's Excelsior Complexion Bleach.

Hill's Freckle Lotion.

Soule's Freckle and Moth Eradicator.

Perry's Freckle Lotion.

Oriental Cream.

Mrs. McCarrison's Famous Diamond Face Lotion (14.7 grains to the ounce.)

Royal Cream.

In one instance a six-ounce bottle contained 47 grains of corrosive sublimate; another contained 14 grains of the bichloride per ounce. It is not surprising that instances of serious harm were reported from the use of such articles.

#### TONIC AND BITTERS.

The following were examined for the purpose of ascertaining the percentage of alcohol in each. Some of them have been recommended as temperance drinks:

	<i>Per Cent of Alcohol (by Volume).</i>
"Best" Tonic .....	7.6
Carter's Physical Extract .....	22.0
Hooker's Wigwam Tonic .....	20.7
Hop Tonic .....	7.0
Hoofland's German Tonic .....	29.3
Howe's Arabian Tonic, "not a rum drink" .....	13.2
Jackson's Golden Seal Tonic .....	19.6
Liebig Company's Coca Beef Tonic .....	23.2
Mensman's Peptonized Beef Tonic .....	16.5
Parker's Tonic, "purely vegetable," recommended for inebriates .....	41.6
Schenck's Sea Weed Tonic, "entirely harmless" .....	19.5
Atwood's Quinine Tonic Bitters .....	29.2
L. T. Atwood's Jaundice Bitters .....	22.3
Moses Atwood's Jaundice Bitters .....	17.1
Baxter's Mandrake Bitters .....	16.5
Boker's Stomach Bitters .....	42.6



Brown's Iron Bitters .....	19.7
Burdock's Blood Bitters .....	25.2
Carter's Scotch Bitters .....	17.6
Colton's Bitters .....	27.1
Copp's White Mountain Bitters, "not an alcoholic beverage" ..	6.0
Drake's Plantation Bitters .....	33.2
Flint's Quaker Bitters .....	21.4
Goodhue's Bitters .....	16.1
Greene's Nervura .....	17.2
Hartshorn's Bitters .....	22.2
Hoff's Extract of Malt and Iron .....	5.24
Peruna .....	28.59
Vinol, Wine of Cod Liver Oil .....	18.88
Lydia Pinkham's Vegetable Compound .....	20.61
Dr. Kilmer's Swamp Root .....	7.32
Dr. Peter's Kuriko .....	14.00
Hoofland's German Bitters, "entirely vegetable and free from alcoholic stimulant" .....	25.6
Hop Bitters .....	12.0
Hostetter's Stomach Bitters .....	44.3
Kaufman's Sulphur Bitters, "contains no alcohol" (as a matter of fact it contains 20.5 per cent of alcohol and no sulphur) ..	20.5
Kingsley's Iron Tonic .....	14.9

*Per Cent of  
Alcohol  
(by Volume).*

Langley's Bitters .....	18.1
Liverpool's Mexican Tonic Bitters .....	22.4
Paine's Celery Compound .....	21.0
Pierce's Indian Restorative Bitters .....	6.1
Puritana .....	22.0
Z. Porter's Stomach Bitters .....	27.9
Pulmonine .....	16.0
Rush's Bitters .....	35.0
Richardson's Concentrated Sherry Wine Bitters .....	47.5
Secor's Cinchona Bitters .....	13.1
Shonyo's German Bitters .....	21.5
Job Sweet's Strengthening Bitters .....	29.0
Thurston's Old Continental Bitters .....	11.4
Warner's Vinegar Bitters, "contains no spirit" .....	6.1
Warner's Safe Tonic Bitters .....	35.7



Warren's Bilious Bitters.....	21.5
Wheeler's Tonic Sherry Wine Bitters.....	18.8
Wheat Bitters .....	13.6
Faith Whitcomb's Nerve Bitters.....	20.3
Dr. Williams' Vegetable Jaundice Bitters.....	18.5
Whiskol, "a non-intoxicating stimulant, whiskey without its sting" .....	28.12
Colden's Liquid Beef Tonic, "recommended for treatment of alcohol habit" .....	26.5
Ayer's Sarsaparilla .....	26.2
Thayer's Compound Extract of Sarsaparilla.....	21.5
Hood's Sarsaparilla .....	18.8
Dana's Sarsaparilla .....	13.5
Allen's Sarsaparilla .....	13.5
Brown's Sarsaparilla .....	13.5
Corbett's Shaker Sarsaparilla .....	8.8
Radway's Resolvent .....	7.9

The dose recommended upon the labels of the foregoing preparations varied from a teaspoonful to a wineglassful, and the frequency also varied from one to four times a day, "increased as needed."

### OFFICERS OF NEW BOARD.

The newly appointed State Board of Health convened at Kansas City June 26th and organized by electing Dr. Robert H. Goodier, President, Hannibal; Dr. D. T. Powell, Vice-President, Thayer; Dr. J. A. B. Adcock, Secretary, Warrensburg.



# BULLETIN

## OF THE

# Missouri State Board of Health

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**VOL. III.**

*July, August, September.*

*Nos. 7, 8, 9.*

### SALUTATORY.

“Precept, must be upon precept, precept upon precept; line upon line, line upon line; here a little, and there a little;” was the olden way of impressing the people, and will be retained, so they may ever know our common wealth has a Board of Health Officers who are at all times alert, ready to protect her citizens from contagious and infectious diseases, as well as to take the general oversight in state sanitation.

The Board is composed of seven members, all reputable physicians, and appointed to fill this position by the Governor—five of whom are of the regular school of medicine, one eclectic and one Homeopath.

The personnel of the present Board is almost the same as the old one, as five members of the old board are still retained; therefore the good work will continue along about the same old lines, emphasizing the things that have proven good, endeavoring to work out, with patience the many unsolved problems, making such changes as may seem wise and just in so doing.

Religion, politics, schools of medicine, have not, nor will they cut any figure. “There is neither Jew nor Greed, there is neither



bond nor free, there is neither male nor female, for ye are all one" so far as this Board is concerned.

It was thought wise and proper by the legislature to give to this Board a double function, other than that of Health Board; the right was given it to license doctors to practice medicine in Missouri; to all worthy and able to pass certain requirements; to refuse license to the unworthy and to those who are not able to pass certain requirements; and to revoke the license of those who may be found guilty of unprofessional conduct, &c. Now as the Board has ample time to do this work it is wise and proper for it to continue to do so. For when it does its duty as a Board of Health which requires but very little of its time, there is absolutely nothing to hinder it from doing its duty properly and acceptably as a license board—the work of one necessarily acquaints the Board with the needs of the other. So a single Board with equal intelligence can do the work more efficiently and with much less expense to the state, than two separate Boards could possibly do it.

The work blends in such a way that the work of one is a stimulant to the other. "Doctors, and people throughout the state, this Board is yours, so when in need of the help of health officers, command, and you will surely meet with hearty and quick response; every possible help will be given." The Board has employed an able Pathologist and Bacteriologist, Dr. A. J. Detweiler of Columbia, Mo., who will solve the finer problems in disease of Bacterial origin.

With this friendly co-operation, great good will be done and increased benefits will show from year to year. Then be friendly to the board. Give it your moral support. This will strengthen and help it very much, and in turn help you.

The Board owes much to Dr. A. W. McAlester, former president. As an able, energetic worker, fair and wise counselor, not one on the board was his equal; never satisfied with present attainments, always planning for improvements; surely his works will follow him.

The splendid energy and push of Dr. W. F. Morrow, former secretary, will continue to be felt. No problem was too difficult for him to tackle, he pushed on and on with that

"Splendid discontent with chaos made the world,  
Set suns in place, and filled all space,  
With stars that whirled and whirled."



## RECIPROCITY,

The State Board of Health of Missouri can only enter into reciprocal relations with states and territories upon the conditions prescribed by law. The Missouri law requires of applicants from other states and territories, seeking reciprocal favors to have at least equal attainments to the legal licentiates in Missouri :

Under graduates are allowed to take the State Board of examination, and if successful in answering seventy-five per cent of the questions asked, are given a certificate to practice medicine in Missouri; other states require a similar examination, but not allowing under graduates to take the examination, look upon Missouri as having a lower standard of requirement and will, therefore, not reciprocate at all, while other states have entered into partial reciprocal relations, rejecting all the Missouri under-grate licentiates. Therefore on July 11, 1905, in the city of St. Louis, the Missouri State Board of Health passed the following resolutions :

I. Resolved, That the State Board of Health of Missouri will reciprocate with boards of similar authority, of other states and territories upon the applicant presenting a certificate of registration, granted to him by the proper license board of the state or territory in which the applicant has lived and practiced medicine for at least one year prior to the date of application, provided, the applicant is a graduate of a reputable medical college of four years requirements and such license were issued prior to March 12, 1901.

II. Provided, further, if applicants license were issued since March 12, 1901, they must have been obtained by the further evidence of qualification by having passed an examination before the proper license board on the branches embracing Anatomy, Physiology, Pathology, Chemistry, Bacteriology, Obstetrics, Gynecology, Therapeutics, Medical Jurisprudence, Practice of Medicine, Hygiene and Surgery, making an average grade of seventy-five per cent of all questions asked.

The states heard from so far that have accepted these partial reciprocal relations, are :

Indiana,  
Michigan,  
Nevada,  
Maine,  
Minnesota,  
Wyoming,  
Delaware,  
Iowa,  
Kansas,  
New Jersey,  
District of Columbia,



The other states are either non-reciprocal or have not been heard from. Any physician in Missouri moving into another state, should write to the secretary of the licensing board of the state into which he is moving or intending to move, for information regarding the requirements in that state, and the requirements with proper blanks to be filled in, will be furnished him.

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Examination for license to practice medicine in Missouri, September 4, 5, 6, 1905, at Barnes Medical College, St. Louis, Mo.

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At examination of applicants for license at Kansas City, Mo., on June 26, 27, 28, there were thirty-six who took the examination in Medicine and Surgery; seventeen passed and nineteen failed. Midwives; three were examined and all failed.





## **YELLOW FEVER.**

Owing to the Yellow Fever epidemic in New Orleans, the State Board of Health met in St. Louis, August 3d, 1905, in joint session with the St. Louis Board of Health. Dr. Gassoway of the United States Marine Hospital being also present. Dr. A. Merrell first addressed the meeting, setting forth the work which St. Louis was doing by way of cleaning up the city and preparing quarantine boats and large quarantine station to hold and treat cases of yellow fever and detain suspects for further developments of the disease.

Dr. Snodgrass then addressed the meeting, taking up the *Stegomyia* Mosquito; after describing the family of mosquitoes, he said it was true that they were found in considerable numbers at the World's fair grounds in St. Louis last summer; he therefore, thought it wise and proper for the state to take action on quarantine regulations. Dr. Gossaway expressed his belief in the mosquito idea of propagating Yellow Fever. Yet he was not sure but some other insect might propagate the disease as well; he also thought it timely to establish quarantine.

Mr. A. C. Stuart advocates a rigid quarantine on our southern border. After adjournment of the joint meeting, the State Board of Health by unanimous vote, passed the following quarantine resolutions :

ST. LOUIS, MO., AUG. 3, 1905.—Resolved, by the State Board of Health of the State of Missouri, that a Quarantine be established against all districts infected by Yellow Fever, and that all railroads and steamboats be required to demand of all passengers a certificate of health from each and every passenger before entering upon the different modes of transportation into the State of Missouri from any infected district where Yellow Fever exists. And no railroads or steamboat or other public conveyance shall accept any passenger from such districts beyond the borders of the State of Missouri, without these requirements first being demanded and exacted by said transportation company; and that all local Boards of Health along the borders of Missouri be and are hereby empowered to enforce these requirements.

Be it further Resolved, That any railroad train, steamboat or other public conveyance entering the state from infected districts, or having on board any person or persons sick of Yellow Fever or with symptoms indicating same, or without proper health certificate, said trains, steamboats or public conveyance and all passengers in transit thereon shall be detained at point of detection for a period of five days or until all danger of infection is removed.

And the Secretary of the State Board of Health be instructed to notify all railroads and steamboat companies of this order.



These resolutions embrace the following rules: 1st. At all points of inspection there must be an adequate place provided for the sick—either house or tent, well screened to keep out mosquitoes; this need not be expensive. 2nd. Competent physicians for inspectors, that the sick may be properly cared for. 3rd. Thorough cleaning up of alleys and vacant lots, cutting the weeds, draining stagnant pools of water and cleaning out and disinfecting water closets, vaults, etc. The expense of same to be met by city and county Boards of Health. —A.





## OUR STANDARD.

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The fact that a high standard of qualifications has been demanded and exacted by the Board in the past, is well established; as well it should have been. No man should be allowed to approach the threshold of mortuary medicine without being well equipped in literary as well as medical law. The present Board will see to it that the high standard of qualifications already established shall be well maintained and even if possible improved upon.

But this is not the only requirement that should be well demanded.

The *Chief*, whom we follow and from whom our authority is obtained, has declared that any citizen of this Grand Old Commonwealth should be law-abiding.

And certainly no nobler sentiment could have been given utterance to. But if it is right and proper that citizens in other walks of life should observe law it is pre-eminently incumbent upon physicians. For on account of the close relationship of the physician to the home he no doubt exerts a greater influence for good or bad, for respect or disrespect of law than an individual of equal attainments in almost any other profession, hardly barring even the ministry.

And while it is difficult to detect a lawless spirit when license is being applied for, it is often not so difficult to detect the lawless act after the individual enters the profession and the opportunity to be a law-breaker presents itself.

The spirit of commercialism that prevades men in other lines and causes them to violate law for gain unfortunately creeps into our profession and we have "Script" writers and the abortionists in consequence.

These are as red-handed law-breakers as ever graced a penitentiary and should not be allowed to go unpunished in a law-abiding community. The duty of the Board is plain in these cases and we do not hesitate to say that it will be discharged to the letter, viz: To revoke the licenses of all such individuals and send their names to the Boards of other states.

DR. THOMPSON.



## REPORT OF LABORATORY.

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The Laboratory of the State Board of Health is now entering upon the third year of its existence. During this time it has had a hard struggle on account of the scarcity of funds for its support. The State University very kindly gave laboratory space and such other assistance and encouragement that was within its power. The Laboratory occupies a room adjoining the laboratories of the Veterinary Department, which we think has been and will be of material benefit to our laboratory.

Our work in the past has been confined to water and sewage analyses from a sanitary standpoint, sputum analyses, examination of suspected diphtheria, and such other infectious diseases whose nature might be determined in a laboratory. In addition to the regular routine work, analyses of the public water supplies of the state were made and published in a special bulletin last year. Another bulletin was published giving the history and laboratory results of an epidemic of dysentery in Chariton county.

Since the State Board of Health has had no funds to bear the expense of routine analyses, small fees had to be charged for each analysis. Thus \$5.00 was charged for each sanitary water or sewage analysis, \$1.00 for each sputum, and other fees in proportion, although diphtheria material has been examined without charge. The last legislature was a little more liberal with the State Board of Health, and hence it is possible that these fees may be considerably reduced.

A great deal of work which would be of much benefit to the state, not only of a routine nature, but original investigations into conditions which confront us from time to time should be done in the Laboratory. However, we will not take the space to discuss this at present, but leave that for the future in Missouri to solve. All investigations of such character require the proper support and encouragement. Hence, for the present we are limited almost from necessity to routine examination of material sent in by physicians.

Material like sputum, etc., must be sent in mailing cases, which can be obtained at almost any drug store. In order to have an examination made of suspected diphtheria special mailing cases containing two glass tubes, one tube containing a sterilized swab, the other Loeffler's blood serum. The swab is rubbed over the diphtheric patch,



or over the tonsils and fauces and then over the blood serum in the other tube, so as to inoculate the blood tube. The mailing case containing the two tubes is then sent to the laboratory for examination. Unfortunately, we can not now provide such mailing cases. However, they can be procured from certain wholesale drug houses, or the local drug store may be induced to keep a few for use.

When an analysis of water is desired, special directions will be sent out each time to the person wishing such analysis. Great care must be exercised in the proper collection, packing, and shipping of water for analysis; hence these special directions.

A. J. DETWEILER,  
State Bacteriologist.

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## **MISSOURI SPORTSMEN GAME AND FISH PROTECTIVE LEAGUE,**

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**Selected by Dr. Hamlin.**

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*To the Honorable President and Members of the State Board of Health, St. Louis,  
Missouri :*

GENTLEMEN :

At the last session of the Legislature a law enacted for the preservation, protection and propagation of Fish, Game and wild Birds, known as insectivorous birds.

At the present time there is a great alarm about the spread of Yellow Fever, by and through the agency of mosquitoes, flying ants and gnats and other insects, and various plans are suggested for their destruction. We would like to call attention to the value of our wild birds as insect destroyers and request all persons to co-operate with the State Game Wardens for their protection. Nearly all birds are great insect eaters, and the quantity consumed daily by some birds is astonishing. The United States Agricultural Department has been systematically studying the contents of the stomachs of these birds to see what they subsist on, and the practical value of the birds should be more generally known and appreciated.

There are thousands of varieties of birds, but especial attention is called to the family of swallows and the bull bats, night hawks or



whippoorwills, which subsist almost entirely upon flying insects which at present are attracting the attention of the Health Department of the State in the fight against Yellow Fever. A tiny swallow, no larger than your thumb, will eat daily from 300 to 500 mosquitoes, and it is no uncommon sight to see the air literally alive with these graceful birds near their favorite haunts. The night hawk, bull bat, or whippoorwill can be seen in great numbers around ponds, swamps, open fields, or any place where there are mosquitoes, including also thickly populated cities, where they breed on the tops of our tall "sky-scraper" buildings. In the evening, and after sundown, you can find him consuming 2,000 to 3000 in a single evening.

The stomach of this bird is so greatly developed that its capacity far exceeds that of a common pigeon, though a much smaller bird. This enormous stomach must be kept constantly filled to furnish motive power for his long wings which are kept in motion so many hours, and he fills his stomach almost to bursting. During the mosquito season, thousands upon thousands of these useful birds are killed by thoughtless persons who shoot them for the practice they afford to the marksman, owing to their irregular flight while catching mosquitoes.

It is the object of our Sportsmans' League to stop such illegal and harmful sport as prohibited under the new law.

The mosquito at one time of its development is an aquatic creature—"the wiggler" of the rain water barrel illustrates this fact, and the stagnant ponds, pools, the edges of sloughs, or "dead water" bodies furnish an ideal breeding place for our much dreaded mosquito, but nature here provides frogs and fishes to aid the birds in their destruction of the little pests.

The small fishes ascend the streams and invade the haunts of the mosquito in the edges of the "dead water" and while capturing "the wigglers" in the rank vegetation of these waters are rapidly developing into a size fit for food purposes later in the year when they frequent the live, deep water of the streams for larger food. It can therefore be easily seen that it is highly beneficial to the State to prevent the wanton destruction of our fishes in the waters of our State by the vandals who dynamite our streams and destroy all ages of fish in the attempt to kill a few large specimens by an unsportsmanlike method and also increases the supply of water insects to the detriment of the health of the community at large. By assiting the game wardens, in enforcing the new laws our people will increase



their chances for health recreation and a bountiful supply of cheap wholesome food.

We hope that the State Board of Health will approve of our efforts, by their official approval and the benefit of the publicity which their action would bring throughout the state.

The fund which pays for the wardens' salaries, is created by a tax of \$1.15 for each hunter's license issued and from fines from prosecutions against law violators.

The money goes to a good cause, protecting the fish which our State Hatchery is putting in the streams, the game of the fields, and the insectivorous birds which protect the farmer's products and the health of the people of our state.

Any publicity you may give to this worthy cause will be greatly appreciated by those who secured the enactment of the new game laws.

Yours very respectfully,

E. T. GREYHER, Secretary.

Missouri Sportsmen Game and Fish Protective League. (Inc.)





## PULMONARY PHTHISIS.

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**Selected from Annual Report of the Board of Health of the Province of Quebec,  
1903-1904.**

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There were in the Province of Quebec, in 1903, 2,943 deaths from tuberculosis, 2,353 being due to pulmonary phthisis. Of the latter number, 2,353, 1,199 died in the country and 954 in towns. This gives a death-rate of 6.7 per 100 deaths from all causes in the country and of 8.3 in the towns. In 1902, the number of deaths from the same cause was 2,798 giving a death-rate of 7.9 per 100 deaths from all causes in the country and 13.8 in the towns.

In all countries of the world tuberculosis in its triumphal march, is assuming alarming proportions and governments, humanitarian associations, congresses, all vie with one another in their efforts to fight this terrible plague that is decimating humanity. I cannot resist the desire to publish in full a well-thought out and very practical article that appeared in a Parisian newspaper, which article gives the following appreciation of the work done by hygienists at the Copenhagen Congress held last May.

After speaking with pity of the ever increasing spread of tuberculosis, it says:

“The Congress on tuberculosis held at Copenhagen under the presidency of Professor Brouardel, has just finished its session. The report on its transactions has passed unperceived. How much more interesting subjects are the Gordon-Bennet cup or the march of the army.

“The Congress unanimously adopted the principle of compulsory declaration as the essential basis of the scientific struggle against the invading disease. Some day it will become necessary for a bold legislator to get the French Houses to adopt the sanitary principle which the act of the 22nd of February, 1902, did not venture to lay down and which will appear, when the public is better informed, no longer as a vexatious administrative measure, but as a necessary one of social preservation and human solidarity.

“How get into people's heads the positive, true and certain idea that prophylaxis and hygiene can do more than any serum ever will and that, from this very moment, if everybody knew and if every body were willing, tuberculosis would begin to decrease and would



disappear? How can we succeed in removing the source of contagion: the sputa?

"Each one of us shelters within himself the strongest ally of the enemy; incurable egotism. Man is profoundly egotistical by nature; he is so, beyond all expression, when sick. No one will admit that he can, at a given moment, become a public danger, either he or his family. There is not a sick man who becomes disgusted with himself; his neighbor's disease alone is repugnant and should be dreaded. Rather than give up a cherished habit which, in itself, is rather filthy, he will spread the germs of death around him, if he be ill, or will give a bad example, if he be well. Hence all the evil and all the unprecedented difficulties that arise when, in a human agglomeration, it becomes necessary to undertake an effective campaign against avoidable diseases. Social hygiene can be founded solely on the very abstract and very elevated idea of human solidarity. The end will be attained only when the public, better enlightened, will at last realize that in matters of contagion, all the members of a body are jointly and severally liable to one another and that spitting carries with it the risk of self-contamination.

"The transmission of tuberculosis by heredity is almost *nil*. If we boil milk, if we carefully cook suspected meat, contagion by milk and meat is a negligible quantity. The great, and, it may be said, the only danger, is that of contagion by the patients' expectoration. Tuberculosis is the sputum. Let us wage war against sputa and tuberculosis is vanquished.

"One has but to reflect a little and to rely on the word of scientists who are sure of it, to know that a tuberculous person who spits, scatters to every wind an enormous quantity of bacilli. They have been counted and they number many millions. They have been found alive on the floors of apartments or in the dust of contaminated places, for months and months. The spitter is a walking sprayer who scatters the disease in a light mist or in large drops. The assistant of a German professor, Dr. Froenckel, after a conversation with a very loquacious tuberculosis patient, with the curiosity of a *savant*, made an examination and with a *savant's* satisfaction he ascertained the presence of the bacillus on the glasses of his spectacles.

"One has but to reflect a little further to know that all this dries up and becomes dust which the lungs inhale. The perspective is not very appetizing.



“Experiments have been made in this connection which leave not a shadow of a doubt. Professor Coinet of the Berlin Faculty of Medicine, inoculated guinea-pigs with dust gathered from furniture in rooms where tuberculous persons lived who took no precautions either as regards hygiene or even mere cleanliness. All the guinea-pigs became tuberculous.

“On the contrary in an apartment inhabited by cleanly tuberculous patients who did not expectorate, the dust was always inoffensive.

“The lamented Professor Strauss while in Paris attending the hospitals set apart for tuberculosis, was able to show that the bacilli were deposited in the nostrils of his aids, of his nurses and in his own. On several occasions, after his visit to the hospital, he successfully repeated experiments of inoculating guinea-pigs with the nasal mucus of persons who had been some time in the wards. This does not mean that all such persons were tuberculous; the microbe was only at the door, at most in the entrance of the passage. Fortunately, all the microbes we inhale, since everybody spits, do not succeed in implanting themselves in our organism at the first attempt; otherwise we should all have been dead long ago.

“But beware of inoculations repeated too often. Baciliferous dust is the best way to make animals tuberculous. . . . and man also. Experimenters who have sought to demonstrate that now well-established fact, have frequently been the victims of their own experiments.

“The same experiment is being performed on a large scale from one end to the other of French territory. There is a great deal of spitting in our beautiful country. Here in Paris in the omnibus or tram-car that conveys you to your work, the inside is perhaps respected but spitting is tolerated on the platform while on top of the vehicle, it is quite a pleasure to expectorate. In the compartment of a railway train where you spend the night, your rudeness or uncouthness will be laughed at if you quietly beg your comfortable neighbor not to mix the ashes of his cigar with the flood of his saliva on the floor. There are workshops, I know, where spittoons are provided and where it is a point of honor to spit beside them.

“Tuberculosis is a slow disease that lasts for years. Even with open tuberculosis, according to the consecrated expression, the patient goes about everywhere; he may pass as being in good health. He is a source of mortal contagion.



“In the confined lodgings wherein the dearness of rents, piles families one on another, the closeness of life is naught but the promiscuity of death.

“There are also houses given up to tuberculosis. I know of a case, and every physician knows of similar ones, where an aged father, supposed to be suffering from an old bronchitis but in reality from an old tuberculosis, an impenitent spitter, who communicated the contagion to all his family and who, without knowing it, caused the death of all his children. . . . Such really is heredity! When he dies, I would commend any person who desires to commit slow suicide to take his room.

“In presence of the plague and of habits that foster it, the recent law hesitated, was intimidated; it recoiled before a compulsory declaration. Prejudice was stronger than science. Tuberculosis passes for an hereditary, an incurable disease; it is almost a disease to be ashamed of. This erroneous idea,—last relic of medical theories which have once prevailed—taken with the ignorance of causes is perhaps one of the greatest obstacles to making the country healthy. Tuberculosis is still a disease that is hidden or that one strives to hide. Hygiene and marriage! No wife for the unfortunate young man any of whose relatives, even a distant one, has died of consumption.

“And yet there are countries where tuberculosis is not dreaded, formerly they were decimated, now they are the countries where there is the least tuberculosis, where the tuberculous are better cured because they are cared for better and in time instead of allowing them to spit and wait.

“Declaration is necessary in Norway, in Saxony, in the United States. Strict measures for the sanitation of houses have been taken in England and tuberculosis is diminishing everywhere while in France it is increasing.

“In New York. Dr. Biggs asserts that since 1888 the death-rate by tuberculosis has been lowered by 35 per cent and in that city alone the sanitary police have saved over 3000 lives a year.

“Moreover, in many States of the American Union, the mere act of spitting in a town or in a public place is punished by fine for a first and by imprisonment for a second offence.

“If a person visiting Berlin spits on the sidewalk, the police—



always on the watch—at once arrest him, and he is fined for this dangerous amusement. As a result the death-rate from tuberculosis in Berlin which in 1889 was 31.4 per ten thousand is now in 1904 only 20.8 per ten thousand.

“In France coercive measures such as a fine and imprisonment would be badly received at the outset; each of us should make them unnecessary. Let us be our own sanitary police, let us keep our microbes in our own pocket handkerchiefs.”

PAUL E. PREVOST,  
Recorder of Vital Statistics.”





# BULLETIN

OF THE

## Missouri State Board of Health

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R. H. GOODIER, M. D., PRES., - Hannibal, Mo.	W. S. THOMPSON, M. D., - Armstrong, Mo.
D. T. POWELL, M. D., V-PRES., - Thayer, Mo.	J. T. THATCHER, M. D., - Oregon, Mo.
J. A. B. ADCOCK, M. D., Sec., Warrensburg, Mo.	M. M. HAMLIN, M. D., - St. Louis, Mo.
PAUL Y. TUPPER, M. D., St. Louis, Mo.	

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**VOL. III.**

**NOVEMBER.**

**No. 10.**

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### REGISTRATION.

The first registration law in this State was enacted in 1874 and approved by the Governor. Under this act all physicians were required to register their Diplomas, with the County Clerk in the County in which they were residing and all those who were engaged in the practice of medicine in this State at that time were allowed to register their names with the County Clerk and continue to practice without a Diploma from a Medical College. This law remained on the Statute books for nine years without accomplishing any good whatever. There was an increase however in the number of Medical Colleges, but the quality was no better. Some of them were probably nothing but Diploma mills. The standard was low in all medical colleges at this time. Ten years practice and one term of lectures of about twenty weeks before graduation filled the requirements of most of our Medical Colleges.

Therefore in order to raise the standard of medical education and maintain the honor and dignity of the medical profession that the sick and the afflicted might have better care and protection from



disease, an act was passed by the Legislature and approved by the Governor in 1883, creating a State Board of Health, giving this Board general supervision over the registration of physicians in the State.

All who could furnish satisfactory evidence of having received a Diploma from a legally chartered medical college in good standing of whatever school or system of medicine, should receive a certificate to practice medicine upon making application and paying the fee for same. The penalty for violating this act was a fine or imprisonment in the county jail, or both such fine and imprisonment. This law was not applicable to those who had been practicing in this State for five years prior to this act. The Board of Health could refuse certificates to those who were guilty of unprofessional or dishonorable conduct and could also revoke certificates for like causes. On July 13, 1883, the first State Board of Health met in Jefferson City and organized. Dr. E. H. Gregory of St. Louis was elected President and Dr. J. C. Hearne of Hannibal was elected Secretary.

The work was taken up in earnest. The rush for registration of Doctors' diplomas from every part of the State came pouring in so fast that to ascertain and reject those from fraudulent schools, and to deal justly with those of doubtful character was no small job.

But co-operating with similar Boards in sister states and conferring with the best Medical Colleges in the United States, the educational standard was raised from the minimum requirements of one year, with a ten years practice, in 1883, to two full years minimum requirements in 1890; and a further raise to a three years graded course minimum requirements in 1894. This demand for a higher standard of medical education was bringing forth fruits nearer in keeping with the progress of the age than ever before. Then in order to push the good work on the Board ruled that no Medical College would be considered in good standing with minimum requirements of less than four years attendance before graduation, after 1900. Nearly all the Medical schools would readily adopt the rules of the State Board but some of them were very reluctant about carrying the rules out. Of course the results were, as might have been expected, many diplomas were presented for registration which were obtained by some short cut method but could not be rejected without sufficient data. This of course the Board could not always get, and many of them were consequently registered, the same as those who had honestly filled all the requirements and were in every way worthy.

Then to put everyone who might want to begin the practice



of medicine in this State upon equal requirements, before entering into such practice, a Medical practice act was passed by both branches of the Legislature and approved by the Governor, March 12, 1901, requiring everyone not at this time a registered physician within the meaning of the law, to appear before the State Board of Health at such time and place as the Board may designate and be examined as to their fitness to engage in such practice. This act eliminates the Diploma proposition and was intended to put it up to the real merits of the applicant, as might be ascertained by the Board. This is the law under which the present State Board is acting, with the exceptions of two amendments. The first amendment was passed by the Legislature and approved by the Governor, March 21, 1903, exempting from examination any student who had matriculated in a Medical College on or prior to March 12, 1901, when said student presents a diploma from any Medical College of this State. This amended act is easily understood. Any student of medicine who has enrolled his name as such in a Medical College to pursue his studies therein on March 12, 1901, or at any time prior to that date and after continuing his studies in a Medical College receiving his diploma any time since March 12, 1901, is entitled to registration on presentation of his diploma, provided the diploma was issued by any Medical College of this State. Those who graduated before March 12, 1901, had completed their course in College and were sent forth by the College as physicians and were no longer students pursuing their studies to finish the course, which entitled them to the degree of Doctor of Medicine. Not being students at this time they are not entitled by law to the 'benefits of this amended practice act and need not apply for registration upon diploma.

The second amended practice act was passed by the Legislature and approved by the Governor, April 10, 1905. This amended act provides that the State Board of Health may at their discretion admit without examination legally qualified practitioners of medicine in any state, territory or in the District of Columbia, with equal requirements to that of the State of Missouri and that extend like privileges to legally qualified practitioners of this State.

The laws in many of the States are such that no form of reciprocity can be established, but partial reciprocal relations now exist between Missouri and the following States: Indiana, Michigan, Nevada, Maine, Minnesota, Ohio, Delaware, Iowa, Kansas, New Jersey, Colorado, Kentucky and the District of Columbia.

The licensing power in this State is somewhat complicated, there being four classes of practitioners, as has been shown. If the



applicant for license will read this article and think for a moment he will know the class to which he belongs and make his application accordingly, thereby saving himself time and trouble. All who were in active practice in this state five years prior to the Medical Practice act of 1883, were exempt from examination, though they had no diploma and are allowed to continue their practice, but the State Board of Health does not give certificates to such practitioners, unless they may choose to take the examination and get the required grade. This has been the ruling of the Board since July, 1885.



### A LETTER.

(Communicated.)

J. A. B. ADCOCK, M. D.,

Secretary of State Board of Health, Warrensburg, Mo.

DEAR SIR:

There are physicians in our State who hold licenses from your honorable body who are violating the laws of the State and prostituting the honor and dignity of the medical profession by writing illegal prescriptions for intoxicating liquors. They have, in some instances, been known to sign prescriptions in blank, the druggist filling them out as needed. In other cases, after the liquor was sold, these doctors would make out the prescription, in order to protect the druggist; thereby perjuring himself before the law, as well as in the eyes of all decent and moral people. We know of cases, in country towns, which have no saloons, where on holidays, or fair or circus days, these M. D.'s have written from twenty-five to two-hundred prescriptions for, from a pint of whiskey to two dozen bottles of beer, and for some, who were evidently ill, the prescription was repeated three or four times. And this by physicians who are respected in the communities in which they reside; who are attendants at the churches, trusted in the families—but who are ruining the young men and boys by making it possible for them to obtain liquor at places considered respectable.

Something surely ought to be done to remedy this great evil.

We believe that every doctor found guilty of any such practice should be summoned before the State Board and his license to practice medicine or pharmacy, be revoked.

Under the present law requiring druggists to file all prescriptions for liquor at the first of each month, it is an easy matter to find



out the guilty parties. The record is open to public inspection. Therefore, if a doctor is proven, by his record, to be guilty, he should be punished.

There is another matter which may not come under your jurisdiction; but does under that of the State Board of Pharmacy. There are a number of men and boys who are clerks in drug stores, who do not hold a pharmacist license in Missouri, who are filling physicians' prescriptions every day in the week; thereby jeopardizing the lives of the people in so doing. Some of these men own the drug stores and are open violators of the Pharmacy laws. They have never attended a school of Pharmacy and are too young to register under the old law of time servitude that would entitle them to the privilege of compounding prescriptions. And the doctor who would knowingly permit his patrons to go to such a place is guilty of a great wrong towards his patrons. There are other Pharmacists, whom we could mention, who are cocaine, morphine and whiskey fiends and are so drunk sometimes that they could not tell their names, and should have their Pharmacy license revoked. Yours &c.,

X. Y. Z.

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I am in receipt of a number of letters from parties throughout the state similar to the above and now answer them one and all. The ax is at the root of the tree and the tree that bringeth forth not good fruit shall be hewn down, etc., and the tree that bringeth forth good fruit shall be purged that it may bear fruit more abundantly. Act your full part in this drama. Be able to substantiate all that you say. The Board only wants facts clearly stated; this they must have before taking action against any doctor in this state. The doctor that is accused must have a fair show to defend himself. In this whole matter I can assure you that the Board will be perfectly fair, and will act without prejudice towards any one. It is a serious thing to bring a doctor before the public to try him on flimsy rumors; therefore do not accuse, unless absolutely sure that the doctor is willfully degrading himself, and the medical profession by such conduct as the above letter indicates. The right will prevail and the Board will do right in these cases, as it sees the right. With special privileges to none and charity for all, is the guiding motto. There will be a number of doctors before the Missouri State Board of Health at its December meeting in Kansas City, to show cause why their license shall not be revoked for conduct of this kind. When these cases have been heard and the verdicts rendered, we hope that every one will feel that the action of the Board has been just, and can say in his own heart that;—

“The God of right still reigns supreme,  
Still wields his sceptre and rod  
And the winds and the waves and the years move on,  
Doing the will of God.”

(Editor)



At the examination held in St. Louis by the State Board of Health on September 4, 5, 6, 1905, there were thirty who took the examination in medicine and surgery, twenty passed and ten failed. There were fifteen mid-wives, eight passed and seven failed.



The next examination for license to practice medicine, surgery and mid-wifery will be held in Kansas City, Mo., December 19, 20, 21, 1905, at the Midland hotel. Mid-wives will be examined the last day.



### **TYPHOID FEVER.**

Typhoid Fever is an infectious disease, more or less endemic to our latitude, but occurs with greatest prevalence, and often as an epidemic in certain localities, during the summer and autumn months.

Its infection depends upon the presence of a rod shaped bacillus that finds entrance into the alimentary tract, usually, by means of polluted drinking water or milk. Other food stuffs, however, may be contaminated and gives it conveyance. Surface drainage, cess-pools, and all accumulations of filth may become foci of rife propagation and widespread infection. Sanitation is our greatest prophylaxis, and in all outbreaks or epidemics of this disease a strict, vigorous sanitary crusade should be our first care, supplemented by careful inspection of all water and milk supplies. The excreta from typhoid patients are prime infections and should be disinfected as soon as voided; or perhaps it is a better plan to have these dejections "passed" into a stool-pan containing a small quantity of some disinfectant solution. The excreta, even when disinfected, should never be thrown into water closets nor out upon the ground.

The best and only safe method of disposal is to burn them in some suitable receptacle, as an old stove, an iron oven, or even a hole dug in the ground. Where this last method is employed throw in some lime, from time to time, and later fill up the hole.

Strong sunlight, with direct exposure, is said to kill typhoid bacilli in a short time, but it is safer to trust to fires of closer contact, as the conditions effecting the agency of solar heat are too uncertain.

Their vitality is, however, strenuous and indefinite under extremely low temperature, frozen in ice a winter's space it is said they will retain their virulence and and become fruitful sources of infec-



tion when freed by spring thaws. Typhoid fever is a disease of insidious approach and many disguises. It knocks at the citadel of life in the guise of almost every human ailment and often strands us, for a time, on the rocks of diagnostic error. In its nature and expression it is a disease of critical stages abrupt and sudden throughout; so much so, that the physician is never quite sure of his success until his patient is two weeks well. Complications and relapses are apprehensions that ever make us fearful and guarded in prognosis. Convalescence, that stage or period in almost all other diseases that marks the danger past and rejoices the physician and friends with the returning tides of health and strength in the patient's life, is still a critical stage in Typhoid Fever.

Here our hopes are often dashed and the patient thrown back into the fight and struggle of some unexpected crisis out of which life may or may not reach its goal. And yet the mortality from this disease is not so great as our anxious forebodings would indicate. In fact, in the ratio and proportion of cases treated, the recoveries are complimentary, rather than otherwise, to the doctor's reputation and skill. Indeed, many cases run a very uneventful course, with no high temperature curve, no startling transitions, but provokingly mock all effort to break or abort. The disease verily seems to be a self-limiting one, and tenaciously clings to the limit. Treatment? Here we challenge the Pharmacopoeia to its utter confusion for any so-called specifics or even potent remedy. Try them all is our desperate resolve in some cases, so great our need. And yet a conservative or expectant line of treatment is most rational; and, aside from the initial stage, general medication is perhaps more harmful than judicious. Sponge or bathe your patients according to the indications and give them plenty of water to drink. Meet special conditions with special treatment—a few well selected remedies are often efficient safe-guards in the course of these morbid expressions. The *vis medicatrix naturae* is the patient's greatest security and the doctor's strongest ally. Conserve it, throughout, by judicious nourishment (liquid) but do not over feed. Here much of the danger lies. If vital function fails, under this regimen stay and conserve it with proper medicinal adjuvants. In the main, however, this is a disease to be carefully nursed, well watered and little medicated.

In conclusion, when you find a physician wise in his own conceit regarding the treatment and management of typhoid fever, give him the charity of silence and know that, sooner or later, he will meet the ambush of some enteric lesion to his utter discomfiture.

ROBT. H. GOODIER, Hannibal, Mo.



### **NO DISCRETION.**

According to the Missouri Laws, the Licensing Board has no discretion in the matter of issuing State Board Certificates.

#### HOUSE BILL, NO. 137.

“AN ACT, to regulate the practice of Medicine, Surgery and Midwifery, and to prohibit treating the sick and afflicted without a license, and to provide penalties for the violation thereof.”

This act was enacted by the 41st General Assembly, 1901, and is in part as follows:

“SEC. 3. All persons desiring to practice Medicine or Surgery, in this State, or to treat the sick or afflicted as provided in Section 1 of this act, shall appear before the State Board of Health at such time and place as the Board may direct, and shall there be examined as to their fitness to engage in such practice.”

This was the law and all the law on our statutes governing the registration of physicians in Missouri from the time of its going into effect (about June 30, 1901, to about the same time in 1903, when the Amendment to Section 9 of this Act (amended by the 42nd General Assembly and approved March 21, 1903,) took effect. By this Amendment students who had matriculated in a medical college on or prior to March 12, 1901, were entitled to “a license to practice medicine when said student presents a diploma from any medical college in this State.” The student being required to pay a fee of fifteen dollars for same.

The 43rd General Assembly amended Section 2 by adding a reciprocal clause giving the Board the discretion (?) to “admit without examination legally qualified practitioners of medicine who hold certificates to practice medicine in any State or Territory in the United States, or the District of Columbia, with equal requirements to the State of Missouri, and that extend like privileges to legally qualified practitioners from this State, upon the applicant paying a fee of twenty-five dollars.”

The above outlines in brief the three ways by which persons desiring to procure a license to practice in Missouri must proceed. The Board has no discretion in the matter. The writer has been so often questioned upon this subject that he has deemed it wise to publish the foregoing. To illustrate: Only a few days ago an old gentleman from Greece landed in St. Louis; he desired to engage in the practice of medicine; he was told how to procure a license. Two



days later I was called upon by telephone to state why I could not grant this man a License. The party at the other end of the 'Phone said "I am an attorney speaking for this old man." He asked why this applicant could not stand his examination before the City Board of Health and get a license at once. Another instance: A doctor from Germany walked into my office, threw down a diploma from a college in his native country and asked to be registered. When informed that he would have to take the examination, he became quite angry, and said he had been told by two of the best doctors in St. Louis that he could register on his diploma.

Talking with quite a few physicians of the State, I have found that the vast majority of them have not read the Law governing the practice of medicine in Missouri very carefully, if at all. The law is very plain and specific and does not give to the Board discretionary powers in the matter of granting Licenses; not even in the reciprocal clause, as I understand it.

M. M. HAMLIN.

P. S.

ST. LOUIS, \_\_\_\_\_.

*"Dr. M. M. Hamlin, Member State Board of Health—City.*

"MY DEAR DOCTOR: Will you kindly inform bearer what is to be done on the part of a doctor who wishes to take the examination for a physician's certificate who is not capable of speaking the English language,

"Very respectfully,

"\_\_\_\_\_. . . \_\_\_\_\_."

The above is a sample of the inquiries received almost daily. The last sentence of Section 3 of the Missouri Law reads as follows: "The Board shall examine persons applying for a License, although such persons can not speak the English language, the applicant in all such cases to pay the expenses of an interpretation satisfactory to the Board."



## REPORT FROM LABORATORY.

*Some Directions for those who make use of the Laboratory of the State Board of Health:—*

I find it necessary to give more detailed information in regard to the manner or method of collecting and sending infectious or contagious material to the Laboratory at Columbia. When material is not collected and sent in the proper way, it may not only be impossible for the Laboratory worker to give a correct opinion upon its nature, but it may become a source of danger.

When a case of diphtheria is suspected, one should get a specially prepared mailing case containing two tubes, one of the tubes containing a sterile swab, the other Loeffler's blood-serum. The swab should be rubbed on the suspected membrane or exudate over the tonsils, pharynx, or in the nose, and then transferred to the tube of serum, and in turn rubbed over the culture medium so as to inoculate the blood-serum with any germs that might be present on it. The swab is then replaced in its own tube. Both tubes should be plugged and placed in the mailing case and sent to the Laboratory. Unfortunately the State does not furnish these cases and tubes. However, they can be obtained at most drug stores for a few cents. No charge is made at the Laboratory for examination of these cultures.

Sputum can be collected in almost any sort of vial, strong enough, and with a mouth large enough to admit it. This vial is securely corked and placed in a suitable mailing case, which can be obtained at a drug store or found in most physician's offices. There are certain Postal Laws regulating the transmission of such material. These laws should be properly observed.

Widal tests for typhoid fever are too often unsatisfactory unless made by the attending physician, because it often does not imply that there is an absence of typhoid fever. Often after repeated tests, the reaction finally becomes positive. We do not have a suitable way in which to send blood for Widal tests. I believe the best way for the present at least, is the following: Pick the lobe of the ear and allow one full drop of blood to fall on a piece of unsized or blotting paper. The blood is immediately absorbed by the paper, and can then be enclosed in an envelope and sent to the Laboratory. Only one drop must be allowed to fall on the paper, so that the laboratory worker may know that he has a definite quantity to test. Definite known quantities are absolutely essential in such determinations. No fee is charged for making a Widal test.



A fee of five dollars is charged for a sanitary analysis of water, not only to partly cover cost of such analysis, but also to prevent indiscriminate and improper use of the Laboratory. Water for a sanitary analysis must be collected in a proper way and shipped in a suitable case. Get a new one-half gallon jug or a half gallon stoppered bottle. Cleanse well with the water to be analyzed. The jug or bottle, filled with the water, should be placed in a kettle and boiled for twenty minutes, so as to sterilize it. The hot water is then poured out, and the jug is ready for the sample. The sample must be collected by sinking the mouth just beneath the surface, if from a surface water. If the water is from a hydrant or cistern, it must be allowed to run for a few minutes so as to clean the pipe. Then it is run directly into the jug. The jug is almost filled, leaving a small space for expansion. Cork the jug well with a new, clean cork, or the bottle with a glass stopper previously boiled. Mark the jug so that it can be identified at the Laboratory. Get a candy bucket or small box; place the jug in it. Pack ice and sawdust around the jug, so as to keep it in the same condition as when collected. Take it to the express office immediately, and send it by express, prepaid, to the Laboratory. Before sending a sample for analysis, it is always best to write to the Laboratory. A time will then be set after which the water may be sent. Thus occultation of samples and injurious delays will be prevented. When a sample is sent, a letter containing five dollars, name of collector of sample, source of sample, sanitary surroundings of source, and such other information as may seem important, should be dispatched at the same time.

POSTAL LAWS AND REGULATIONS, 1902.

SECTION 495. Specimens of diseased tissue may be admitted to the mail for transmission to United States, State, or municipal laboratories, only when inclosed in mailing packages constructed in accordance with this regulation.

2. Liquid cultures, or cultures of micro-organisms in media that are fluid at the ordinary temperature (below 45 deg. C. or 113 deg. F.) are unmailable. Such specimens may be sent in media that remain solid at ordinary temperatures.

3. Upon the outside of every package of disease tissues admitted to the mails shall be written or printed the words, "Specimen for Bacteriological Examination. This package to be treated as letter mail." No package containing diseased tissues shall be delivered to any representative of the said laboratories until a permit shall have first been issued by the Postmaster-General, certifying that said in-



stitution has been found to be entitled, in accordance with the requirements of this regulation, to receive such specimens.

4. Packages used for conveying through the mails pathological specimens for bacteriological examination for diagnosis in cases of suspected diphtheria, tuberculosis, and other communicable diseases, shall be constructed and prepared as follows:

a. The receptacle for moist specimens of diseased tissues shall be a strong glass vial or test tube having a capacity not greater than two drahms. The vial shall be covered and made water-tight by the use of a metal screw cap and a rubber or felt washer which has been immersed in melted paraffin, or, if a test tube be used, it shall be covered with a tightly-fitting rubber cap.

b. The vial or test tube shall be placed inverted in a circular tin box, which shall be made of I. C. bright tin plate, and have flush or counter-sunk bottoms and soldered joints, and not be smaller than one and one-eighth inches in diameter and three inches long, nor larger than two and one-quarter inches in diameter, and five and one-half inches long. This box should be closed by a metal screw cover and a rubber or felt washer, or tightly-fitting metal sliding cover, and shall be so packed with absorbent cotton, closely laid, that the glass or test tube contained therein shall be evenly surrounded on all sides by cotton.

c. The tin box shall be placed inverted inside of a larger tin box similar to the one already described, which should snugly receive the specimen box. Upon the inside of the sides and bottom of this outer box there should be a lining of compressed paper not less than three-sixteenths of an inch in thickness. This outer tin box shall be closed by a metal screw cap and a rubber or felt washer. This outside box may also consist of hard wood, in the form of a block with a cylindrical hole bored in one end and extending to within not less than one inch of the opposite end. The open end to be closed with a wooden or metal screw-cap with a rubber or felt washer. Or the outside box may be a cylindrical wooden box having a screw cap and washer, the thickness of the sustaining part of the wooden tube must not be less than one-quarter of an inch and be lined same as the tin box.

d. The receptacle for dry specimens of diseased tissues shall be a glass test tube three inches in length and one and one-half inches in diameter. This test tube shall be enclosed in a circular tin box similar to those already described, but measuring two and one-quarter inches in diameter and five and one-half inches in length, and be lined upon its sides and bottom with compressed paper, not less than one-quarter of an inch in thickness. The test tube should be closely packed in cotton, and the box should be closed by a metal screw-cap or felt washer.

A. J. DETWEILER, State Bacteriologist.



## **OILED FOR ACTION.**

**By Dr. Thompson.**

Since the publication of the last No. of the Bulletin, letters from different parts of the State have been received, endorsing at least the sentiment of "Our standard," saying the principles set forth in this brief article were correct.

Now it is an evident fact, the medical profession has Charlatans the same as other avocations have Fakes. And why should it not?

We are all flesh and blood. In fact all made of the same material. Other professions are imposed upon and it is not at all strange that we should be. It is no reflection upon the profession that we have men in it who are not what they should be. But the shame is if finding them we fail to purge ourselves of them. With our Board lies the remedy. We have the same right to revoke licenses that we have to issue them and it is as much our duty to do the one as the other. Every member of the Board is thoroughly alive to this fact, and "Script" writers and professional abortionists need not be surprised if in the near future they hear some unwelcome news. The law-enforcing machinery of the Board is even now being cleaned and oiled and will ere long be set in motion. Remember well we will do our whole duty, and do not complain, guilty ones, if the mailed hand falls heavily upon you; for right now you are being warned to "flee from the wrath to come." It is no excuse to say, I should not be punished because others are doing the same thing. Let your own house be cleaned first, then look to your neighbor's. If he does not clean up he will be waited upon in due season.



## **TYPHOID FEVER IN COLUMBIA.**

**By Dr. Thompson.**

While it was a source of gratification to the Board to know that the citizens of Columbia awoke to the importance of thorough sanitation in their city, and dealt earnestly and energetically with the outbreak of typhoid there in the late summer, controlling and finally eradicating it, some of the information obtained in the investigation as to the cause of this outbreak shows the need of more than merely temporary measures intended to conquer the disease after it exists. In those portions of the city where there were no wells and cisterns exposed to surface pollution and where there were no cesspools, but thorough street drainage or, in other words, where sanitation was comparatively perfect, the fever was practically no fever. And here we want to remark that no doubt a sanitary investigation of other towns of the State, would reveal similar conditions to those found in Columbia, and worse in many instances. But this is no excuse for their existence anywhere. And all should profit by the facts set forth in the report of the investigating committee.



It is admitted by all students of hygiene, that the retention of sewage or any great portion of it, within the community that produces it, is a detriment to the health of that community. Hence the importance of getting rid of the filth of a community or the need of a perfect sewage system can not be too strongly emphasized. Thorough street drainage, and thus the preventing of cesspools, is a necessity; and last, but not least in importance, if the town is supplied with pure water from deep wells, or from wells or cisterns free from surface pollution, the main factors in the producing of typhoid fever will have been eliminated. And these conditions should be made permanent.



## DIPHTHERIA.

An acute, very communicable disease, and in the pre-antitoxin days, one of the most dreaded and deadly diseases known to mankind; dangerous to patient, nurse, and physician.

Etiology, pathology, diagnosis, etc., etc. are well detailed in our next books, hence I will pass them and proceed at once to a few deductions from my own experience with diphtheria, having recently passed through a wide-spread and virulent epidemic, and feeling assured that a few points that I have thus obtained will prove helpful to some brother practitioners and of incalculable protection to the precious lives of the little ones.

As in all other communicable diseases, those cases are best treated which are prevented from happening at all, and though they are seldom appreciated and never fully seen and realized by the public, they represent the soundest and sweetest fruitage of the best work of the physician's head and heart. They stand as a silent monument to his eternal credit, which eternity alone will unveil.

Hence, every case of diphtheria should be thoroughly isolated at once. Of the treatment I will speak later and for the present, we will consider the management of a case from the standpoint of protection to the public. The rules and regulations of a quarantine are matters of common knowledge among physicians and should be rigidly enforced.

For the purpose of conserving space, I would have you consider that all our text books say in regard to the prevention of the spread of diphtheria is included in this article, and in addition I desire to make a few suggestions which I have found beneficial and which I believe will yet be regarded by the profession as positively necessary.

First.—A moral quarantine. Educate the public as rapidly as possible to the fact that diphtheria is "catching" and much more fatal than small pox or yellow fever.

Second.—The prevention, if possible, of publication in newspapers of remedies augured by the lay people. They "cure every case." Hence, they are catchy and prove a stumbling block to many and in some cases I have known them to cost the children their lives. This is an important point.



Third.—Maintaining a strict quarantine against all persons who have been exposed to diphtheria for at least two weeks after their latest exposure.

Fourth.—If possible, a certain physician should be set apart to visit and treat all cases of diphtheria. If this is not possible, then the physician should disinfect himself and change his clothing after visiting a case before entering into an uninfected home. One of our physicians carried it to his home, and three members of his family, including his wife, had well-marked cases of diphtheria.

Fifth.—Early and free use of antitoxin. This reduces the course of the disease from days and even weeks to a few hours, and hence reduces the danger to the public from a given case to a minimum.

Now, as to treatment. Antitoxin given early and in sufficient dose, will cure any case of uncomplicated diphtheria.

To impress the point, I will say that antitoxin is essentially harmless and you can hardly give too much, but you are liable to give too little.

Other medication may be carried on simultaneously with antitoxin. Spray or irrigate the throat. I don't like the swab for two reasons: If antitoxin is given early, no after-treatment is necessary; if late, it is well to give some good tonic and keep bowels open until convalescence is completed, for obvious reasons.

Remember, "an ounce of prevention is better than a pound of cure," and in this connection don't forget the prophylactic use of antitoxin.

J. L. EBLEN, M. D.

Houston, Mo., Oct. 27, 1905.



### SMALL-POX.

Small-pox may be easily controlled. Universal vaccination will exterminate the disease. Since we cannot enforce vaccination of all, the question arises "how can we prevent the spread of the disease after it has developed in a community?"

Isolation is an absolute necessity. By vaccination, isolation, fumigation and incineration thoroughly practiced, the disease may be confined to one member of a family.

The greatest difficulty is in controlling the trifling, careless and shiftless populace—that class, that if there is anything contagious, get it, and who are indifferent and appear to enjoy spreading contagion as a dog does fleas. Some of them appear to enjoy small-pox, that is, if the community or corporation will furnish them food, fuel and rent; and their demands for luxuries are sometimes wonderful.

We have a class of doctors—members of the medical profession—who sometimes augment the spread of small-pox. Doctor number one is ignorant and is unable to differentiate between small-pox scabs, chicken-pox, and impetigo contagioso. He is the least harmful because he has but slight influence and little of the confidence of the



people. Doctor number two is the politician—the fellow who, if he knows, is afraid to diagnose a loathsome disease in a good family for fear that he will lose their favor and patronage. Doctor number three is a very dangerous one. He may be skilled but he is after the mighty dollar, and has not at heart the welfare of the people, but personal gain only is his object in life. Fortunately we have few of his class.

One difficulty in controlling small-pox is the inadequacy of laws. They mean well but have no penalty attached. Our county health boards consist of three county judges and some doctor appointed by them, with no penalty if they fail to take hold and enforce the law. In some instances I have met these judges who think they have been selected or elected to their respective offices on account of their peculiar financial ability—the ability not to put the county to expense except, of course, for their own individual per diem. I have known of instances where less than one hundred dollars expended in the incipency of an outbreak of small-pox could have stamped out the disease, but not having the courage to make this small expenditure for fear it would be used against them in the next campaign, whole communities have been scourged for months. Our law would be good if we had a penalty behind it.

D. P. POWELL, M. D.



### **ADDENDA AND ERRATA.**

There are a number of rosters in this office giving the names and address of all the physicians of Missouri. Any one desiring the same can have one by sending five cents for postage until the supply is exhausted.

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In the last Bulletin, first page, on last line, "greed" should read Greek. Page seven, fourth line, "mortuary" should read, modern.